TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the huspital or attending physician.

cuted within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

OTODA	OEKTII IOAT	L OI PENII		11-4-15
1. PLACE OF DEATH a, COUNTY			CE (Where deceased lived, If institu	
ALLEGANY	MARYLAND	a. STATE VA	- HAM	PSHIRE
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate limits, write	
write RURAL and give nearest town) CUMBERLAND	8 DAYS	PURGIT	SVILLE	85 - 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL				YES X NO
3. NAME OF FIRST DECEASED	Middle	AL T	4. DATE Month DF DEATH FEBRUAR	Y 15 1966
(Type or print) SCOTT  5. SEX   6. COLOR OR RACE   7 MARRI	R. A.	8. OATE OF BIRTH	19 AGE (In years I IF	UNDER 1 YEAR HE UNDER 24 HRS
r, teather	WEARY INVINITED TO	· 11-24-1	last birthday) Mi	onths Days Hours Min.
MALE WHITE WIDOW	ED OIVORCED		County & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY	WEST		COUNTRY?
L'armer		1 14. MOTHER'S MAI		U. S. A.
FRANK ALT	L6. SOCIAL SECURITY NO.   17.	MARY INFORMANT	YOKUM	
(Yes, no, or unkown) [(If yes give war or dates of service)				MOEDI AND MO
no	32-26-1688	MEMORIAL	HOSPITAL, CU	MBERLAND, MD
18. CAUSE OF DEATH (Enter only one cause pe	er lipe for (a), (b), and (c).]	140.	1	ONSET AND DEATH
IMMEDIATE CAUSE (a)	oronary	ALY BU	wysia	Sudde
4 201 DUE TO	74 ()	. m.1-	- 1 3	Och doch
Conditions, If any, which (b)	munar	a lander	-yuseas	
cause (a), stating the OUE TO	way al	1		
underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTR	IDUTING TO DEATH BUT NOT DEL	TEO TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	RT1(a) 119. WAS AUTOPSY
E PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IDD THE TO DENTE GOT NOT KED	ALED TO THE TERMINAL	DISEASE CONVENTION ON LIVER	PERFORMED?
200 ACCIDENT WAS UNDERLYING TO 1 20h	DESCRIBE HOW INVIDEN OCC	IDDEO (Enter nature o	of injury in Part I or Part II of I	
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	. DESCRIBE HOW INJOH! OUC	ORREO. (Enter natura t	or miles y the rest of rest is of t	ton zos
3 20c. TIME OF INJURY Month, Day, Year   20c	I. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, i	farm, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20c Hour a.m. Wh	lle Not While at work	ary, street, onice blug.,	etc.)	
21. I certify that (I) (this hospital) atte	nded the deceased from	2-11-	1966 to 2 - 15-	19 62, that (1)-(we) las
saw the deceased alive one 2 -	19 do, and tha	t death occurred at.	6:16 Arbin the causes an	d on the date stated above
22a. SIGNATURE	X	ATTENOUS /	MED. STAFF	22b. OATE SIGNEO
//H. J.	Williams		OTRECTOR PHYS.	2/15/66.
NAME (Type) DD 14 E 14	LET LAMO	22d. AOORESS	C CENTRE CT	
UR. W. F. W	ILLIAMS	122		
23a. Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Heb.18,19	66 Alt cemet		Brushy Run	7.7 7.7
24. FUNERAL OIRECTOR	ADDRESS	25a. RI	EC'D BY REGISTRAR   25b. REG	ISTRAR'S SIGNATURE
arlem S. arnold	Petersburg, W	. Va. FEE	3 28 1966 pelu	arley Judge

VR A15 (4)

ALT - CONTROL CONTROL DESCRIPTION OF THE PARTY (NO. 100).

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending a spician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
31596
CERTIFICATE OF DEATH
() 1542

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
	a. STATE b. COUNTY						
D. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1D	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
write RURAL and give nearest town)							
CUMBERLAND 41 DAYS	CUMBERLAND 0/-/						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?						
MEMORIAL HOSPITAL	221 VIRGINIA AVE. YES NO 2						
3. NAME OF BECEASED FIRST Middle BECEASED (Type or print) FDFDFDLCK W	ARMBRUSTER DEATHFEBRUARY 22 19 66						
	ARMBRUSTER DEATHFEBRUARY 22 19 66 8. DATE OF BIRTH 19. AGE (In years   FUNDER 1 YEAR   IFUNDER 24 HRS.						
7. MARKIED PT NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IF DINDER 17 DAYS Hours Min.						
MALE   WHITE   WIDOWED   DIVORCED	10-14-1885 80 yrs.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Meat Cutter Own & Retail	CUMBERLAND, MD. U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
GEORGE W. ARMBRUSTER	DORA LEAR						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address						
n o	MEMORIAL HOSPITAL, CUMBERLAND, No.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: Caux my oca de	al infactor - multille s dan						
4901	4001 Charles I to be attorned to be sent to be sent to						
00210	Heart Descent 15 was						
Conditions, if any, which gave rise to immediate (b) arteriorile of the	( ) France   // france						
cause (a), stating the DUE TO							
underlying cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	DEDECORMEN?						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL  LEGISLOS CONTRIBUTING TO ALL  203. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO CAUSE OF DEATH  OR CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	luco, prostatione YES NO						
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)						
	A CO des Commande Companie - Miller Companie - Commande C						
TO See See See See See See See See See Se	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m. p.m.  19 at work at work	pry, atreet, office bldg., etc.)						
	1075 1 3/32 1066 11-1006-3/1-1						
21. I certify that (i) (this hospital) attended the deceased from	1977 to 2/32, 1966, that (i) (we) last						
	t death occurred at 5:44 m, from the causes and on the date stated above.						
229. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED						
Permesueau M.	D. PHYS. DIRECTOR PHYS.						
22c. PHYSICIAR'S NAME (Type)	22d. ADDRESS						
DR. S. G. WEISMAN	59 GREENE ST.						
23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or county) (State)						
Burial Feb. 25, 1966 Deer Park C	metery Deep Deel- Ma						
24. FUNERAL DIRECTOR ADDRESS	emetery Deer Park, Md.  [25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE						
James F. Scarpelli, Cumberland, Md.	DAFEB 28 1956 & Cliantes Judge						
	DATE - DO 1000 Junger Judge						

VR A15 (4) 20M 1/65

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THE PRINCIPLE SPECIAL STREET

221 HIBINIA AVE.

YRALBRIT RATEURLISTA

MANAGEMENT OF PERMITS

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NEIDER M. GIOSPITM. CONCENSION JAPANES

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

funeral death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. CDUNTY ALLEGANY 9 Pages J MARYLAND MARYLAND MARY LAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b s. Pagi CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS 72 72 within SACRED HEART HOSPITAL ND X LE CRESAP DRIVE, BOWLING 3. NAME DE First Middle 4. DATE Last Month Year DECEASED event, (Type or print) DEATH DAY 19 ARNOLD 5. SEX 6. CDLDR DR RACE DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED 8. last birthday) | Months | Davs Hours any MALE WIDDWED [ DIVDRCED = 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Ret. Filtration Employ. Celanese Maruland S. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Benjamin Arnold Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? \ Green. 16. SOCIAL SECURITY ND. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) Frank Noonan 41 Cresap Dr. Bowling cramation, 217-10-4674 PATTENT'S CHART INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which gave rise to immediate the r to DUE TO cause (a), stating the prior underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? ND Y YES 20a. ACCIDENT WAS UNDERLYING DE DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 20d, INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 0 21. I certify that (I) (this hospital) attended the deceased from 1966 . to that (I) (we) last saw the deceased alive on and that death occurred at-M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED filed DIRECTOR PHYS PHYSICIAN'S director, p should be 1 22c. 221. **ADDRESS** NAME (Type) Greene St. Cumberland, Md. L. BRINGS BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREDE NAME OF CEMETERY DR CREMATORY LOCATION (City, town or county) (State) Eckhart Cemetery Eckhart. 2/6/66 Maryland 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Maryland Mayley

hours = filled completely 1 exacuted and certificate attending death n signed by th burial-transit peen certificate be retained by the hospital PHYSICIAN: this After DIRECTOR: / age 3 should iled with the TO FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01598			CERTIFIC	JAH	E OF DE	AIH				154	la	
1.	PLACE OF DEATH	1				2. USUAL RES	SIDENCE	(Where dece			esidence	before ad	imission)
	a. 000H11	ALLEGANY		MARYLI	AND	a. STATE	MARY	T.AND	b. COU		EGA	NV	
_	b. CITY OR TOW	N (if outside corporal and give nearest tow		c. LENGTH OF STAY	The second second	c. CITY OR TO			orate limits, w		THE R. P.	N. T. HOLY	t town)
	FROSTB		n)	2 Themarc			TIDOC	ם מוומים			. 1	1	
-			N (if not in he	3 WEEKS Dispital, give street add	dress)	d. STREET ADI		TBURG		- 0	0	. IS RES	IDENCE
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4 45 45	T 00	TTDOD A			ON A F	ARM?
-	NAME OF	HOSPITAL				1		E. CO		VENUE			NO L
3.	DECEASED	GEORGE	rst	Middle		BARRY	4	4. DATE	Mon		Day	Yea	
it.	(Type or print) SEX				(				FEBRUA			19	
			7. MARRIED	NEVER MARRIED		DATE OF BIR			AGE (In years Jast birthday)	Months i	Days	Hours	Min.
-	MALE	WHITE	WIDOWED	DIVORCED		EC. 19,			yrs.				
10a	I. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLA	ACE (Coun	ity & State,	or foreign count	(7) 12. CI	TIZEN (	F WHAT	
	BOBBIN CI			ANESE CORP.		MARYL	AND				5.A.		
	FATHER'S NAM					14. MOTHER'S	S MAIDEN	NAME					
	JAMES	J. BARRY				CLAR	AR.	SMITH					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY NO.	17.	INFORMANT	200	W. 14. 2.14	Addr	ess			
(Yo	es, no, er unkown)	(If yes give war or dates o	f service)	5-12-2369	MD	DOLORI	PC DA	DDV	FDOCTOI	TOC MI	1		
-	19 CAUCE DE	DEATH CENter only on		ine for (a), (b), and (c).		DOLOIG	SO DA	Hilling	THUSIDU	nu, Pil		RVAL BE	THEEN
		CATH WAS CAUSED BY		(c).	-1	77	al				ONS	TAND	EATH
	/ / / -	IMMEDIATE CAUSE	(2)	1 auco	ea	un	<u>u</u>				2	100	-
	460	A DUE	TO	11	1	0.0.0.	0.	abe	t 10	- 00.4	off	180	u
	Cenditions, If		(b)	uncon	100	eavy	occ	ave	restr	Cellely	-	NS	40_
	cause (a), si		TO								0	0	
	underlying caus		(c)										
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIO	)NS CONTRIBL	TING TO DEATH BUTNO	TRELA	TED TO THE TERM	AINAL DIS	EASE COND	ITION GIVEN II	N PART 1(a)	19.	WAS AU PERFOR	
ICA											YES		NO Z
TIF	20a. ACCIDENT	WAS UNDERLYING	20b. [	ESCRIBE HOW INJURY	Y OCCU	RRED. (Enter na	ture of In	ijury in Pai	rt I or Part II	of Item 18.	.)		
CER	(IF EITHER, NO	NG CAUSE OF DEA	NER)										
	20c. TIME OF	NJURY Month, Day,	Year   20d. If	NJURY OCCURRED 120	e. PLA	E OF INJURY (H	ome, farm	1.1 20f. (0	City or town)	(Çou	nty)	(\$	state)
MEDICAL	Hour a.r		While	- Not While -	facto	y, street, office t	oldg., etc.)	)	,				
M	p.r		at work		_	. //		/ /	1/10		/		
			ital) attende	ed the deceased fro		march	, 196	to	2/15				ve) last
		ceased alive on	2/12	19_ <i>LeQ</i> , an	d that	death occurre	d at 2	M, fro	m the causes				above.
	22a. SIGNATUI	E O .	15	()		ATTENDING ,	ME	n	STAFF -	22b. D	ATE SIG	NED	10
		John	10	, Down	M.D	. PHYS.	DIR	RECTOR _	PHYS.	112	117	10	0-
	22c. PHYSICIA NAME (T)	pe) JOHN	B. DA	VIS, M. D.		22d. ADDR	ess ROADW	TAV T	DOCUPLIE	c m			
_									ROSTBUR				
23a	BURIAL, CREM	clfv)	4.4	23c. NAME OF CEN	METERY	OR CREMATORY			CATION (City,		unty)	(St	ate)
	BURIAL,		8 166		EMOI	RIAL PART			MBERLAN				
24				ADDRESS		25	a, _REC'D	BY REGIS	1000 171	REGISTRAR'	SSIGNA	TURE	
	JOSEPH R	. DURST, SR	., FROS	STBURG, MD.		DA	TE D	10 13	66	700	1	0	

VR A15 (4) 20M 1/65 2 4 4

## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial transit permit. File pages, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

	MARY	LAND STATE DE	EPARTMENT OF HEALTH	
01599	of STATISTICAL RESEA		CERTIFICATE OF DEATH	1) 15
PLACE OF DEATH a. COUNTY	Allegany	A. A	2. USUAL RESIDENCE (Where deceased lived, If institution; a. STATE b. COUNTY	APPOOR

	01599	MEDICAL	EXAMINER	'S CE	RTIFICATE	OF DEATH	1	1545
1.		egany	MARYLA	ND	a. STATE	E (Where deceased lived, If instit b. COUNTY FULLAND outside corporate limits, write	Al	legany
	b. CITY OR TOWN (If outside of write RURAL and give near Cumberland,	rest town)	c. LENGTH OF STAY II	N ID C.	Cresapt		e KURAL an	- /
	d. NAME OF HOSPITAL OR INS	TITUTION (if not in he	ospital, give street add	ress) d.	STREET ADORESS			e. IS RESIDENCE ON A FARM?
	D. O. A. Memor	rial Hosp.			86 Mead	ow View Dr.		YES NO X
3.	NAME OF DECEASED (Type or print)	First Lelia	Middle Franklin		ennear	4. DATE Month OF DEATH Feb.		, 1966
-		RACE 7. MARRIED			ATE OF BIRTH	last birthday) M	onths De	EAR IF UNDER 24 HRS. Hours   Min.
	Female White	WIDOWEO	OIVORCEO [	1111000	. 12, 190	6 59 yrs. ate or foreign country)	12 CITI	ZEN OF WHAT
du	Housewife	If retired)	DUSTRY	111	Cumberla			S. A.
13	FATHER'S NAME	1 0	WIL FLOINE	1 14.			i u.	3, A,
-	Martin Hage	t.			Bertha			
15	. WAS DECEASED EVER IN U.S. AF	RMED FORCES?   16.	SOCIAL SECURITY NO. 1	17. INFO			Chala	note and a little
(Y	es, no, or unknown) (If yes give war	er dates of service)	None	Mrs.	Calvin L.	Lease 86 Meado	w Vie	w Dr. Ma.
=	18. CAUSE OF DEATH [Enter	only one ceuse per il	ne for (a), (b), end (c).]	1				NTERVAL BETWEEN
	PART I. DEATH WAS CAU		CORONA	RY O	CCLUSION			ONSET AND DEATH
	4201	OUE TO	2000					
	Conditions, If any, which	(b)	CORO	NARY	SCLEROSTS	5		****
	gave rise to immediate (	DUE TO						
	underlying cause lest,	(c)						
CATION	PART II. OTHER SIGNIFICANT C	ONOITIONS CONTRIBU	TING TO OEATH BUT NO	TRELATEO 1	TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	IRT 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTIN CAUSE OF DEATH.	IG 🗆 206. (	DESCRIBE HOW INJURY	OCCURREC	. (Enter nature of	Injury in Part I or Part II of	tem 18.)	
MEDICAL CERTIFICATION	2Dc. TIME OF INJURY Month Hour a.m., p.m.	th, Cay, Year   2Dd.    While 19   at work	Not While	e. PLACE O factory, st	FINJURY (Home, far eet, office bldg., et	rm, 20f. (City or town)	(Count	y) (State)
-	21. I certify that I took	charge of the rem	ains described above	e. held an	Autopsy .	Inspection X, Inquir	y X	and in my opinion
		Natural causes X		Suicide	, Homicid	-	nanner [	
	0	1.7	11.	,	CHIEF MEDICAL	EXAMINER		
	ACTUAL SIGNATURE Device	det A	ketareli	DM.	D. ASSISTANT MED	DICAL EXAMINER FOB.	9, 1	966 Md.
	1	ict Skitare			DEPUTY MEDICA	AL EXAMINER X Rt. #	9 Cw	nberland,
23	a. BURIAL CREMATION 23b.		23c. NAME OF CEM	ETERY OR		23d. LOCATION (City, tow	n or count	(State)
1	REMOVAL (Specify)	12/66	Hillcrest			Cumberland.	Maru	land
2	4. FUNERAL DIRECTOR	. 2/00	ADORESS	20000	25a. REC	'D BY REGISTRAR   25b. REG	ISTRAR'S	SIGNATURE
	H. Wayne Geor	ige Cumber	land, Maryl	and	DATE	1 4 1966 900	rante	Judge

VR ALSME (5) 5M 1/65

. - . EN IN THE DESCRIPTION OF THE PARTY OF THE PA FOR STATE HEALTH DEAT. DEPUTY I. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, ease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 and 3 to the State Board of Health, its designated agent, prior to burial, cremation, or removal, and in any event within 72 figure. TO DEPUTY I please execute 40 8 VS. AISME SM 9/60 Hafer

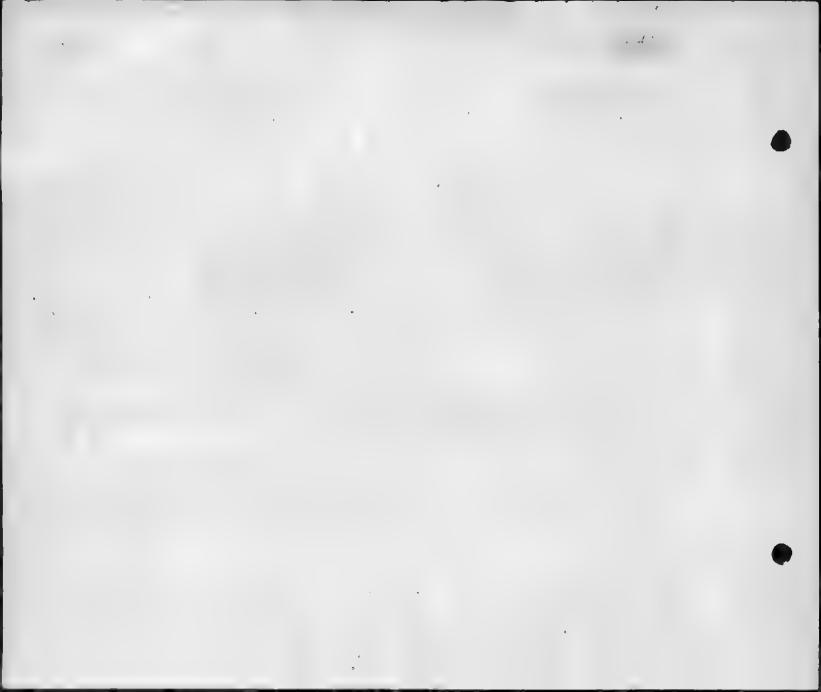
## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13 7 m A 0

01600 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

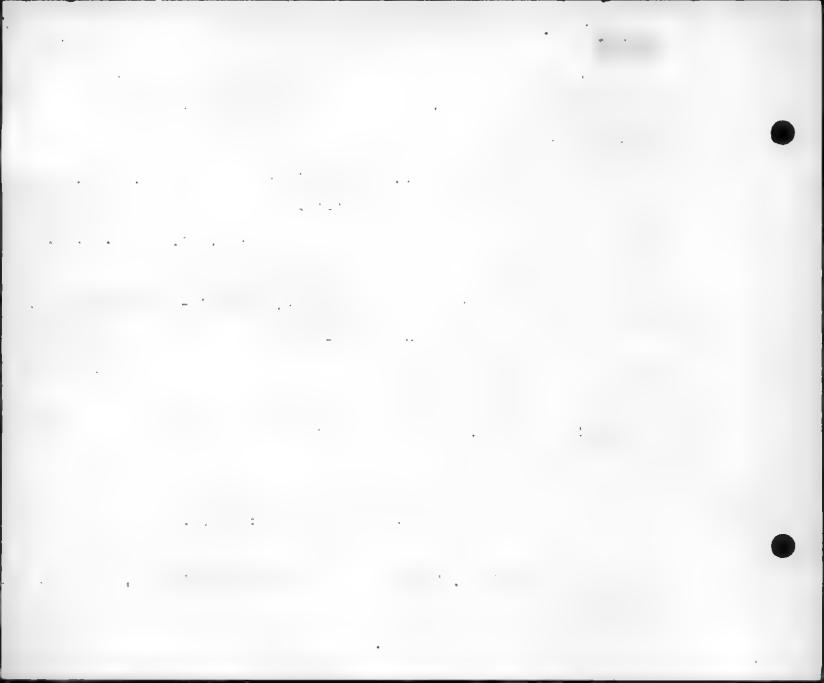
-	_07000	_	1/1546
	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If inst	lution: Residence before edmission
	Allegany MARYLAND	e. STATE b. COUNTY	Allocom
,	b. CITY OR TOWN (.f outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)		RAL and give reerest (wn)
	Mt. Savage 2 vears	Mt. Savage	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
	Foundry Row	Faundre Des	ON A FARM?
3.	NAME OF First Middle	Foundry Row Month	Dey Yeer
	(Type or print)	BLANDOW OF DEATH Roberts	10.44
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DRAMOOM   Kebruary	UNDER I YEAR OF UNDER 24 HRS.
N	f-5-	last birthdey) Mi	onths Deys Hours Min.
-	. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUS	May 11, 1898 67 yrs.   TRY   11. BIRTHPLACE (Siete or foreign country)	12. CITIZEN OF WHAT COUNTRY
	one during most of working life, even If retired)		
13.	Attendant Gas Station	Chicago, Illinois	U.S.A.
15	William Blandow  Was deceased eyer in u.s. Armed Forces? 16. SOCIAL SECURITY NO.   17.	Carolina Pape	_
(Y∢	ss, no, or unkown)   (Ifyes give wer or deles of service)	146	Savage, Md.
	No B24-18-2349 M	rs. Wilbur S. Blandow, Fo	undry Row,
	18. CAUSE OF DEATH   Enter only one cause per line for (e), (b) and (c).] PART I, DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (*)  ASPHYXIAT	CION	MINUTES
	DUE TO THE MODDLE	AGE FROM BRONCHOGENIC CAN	CTNOMA
	Conditions, if any, which	CAP	ACINOMA
	geve rise to immediate cause  [e], stating the underlying DUETO		
	cause lest. (c)		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	
CERTIFICATION			PERFORMED? YES X NO 4
THE	20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   20%. DESCRIBE HOW INJURY OF COURED.	(Enter neture of injury in Pert I or Pert I of Item 18.)	
	CAUSE OF DEATH.		
MEDICAL		ACE OF INJURY (Home, ferm, 20f. (City or town)	(County) (State)
MEDI	Hour e.m. While Not While to work the street to the street	ctory, street, office bldg., etc.)	
,	21. I certify that I took charge of the remains described above, t	neld an Autopsy XI. Inspection XI. Inquiry	X. and in my opinion
		cide . Homicide . Undetermined mann	
	1	CHIEF MEDICAL EXAMINER	
	ACTUAL BOWL 1 + 16-T	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE WHILE WELLAND	DEPUTY MEDICAL EXAMINER TED.	
	EXAMINER'S BENEDICT SKITARELIC, M.I		
220	BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY C	Address (Street, City, Town, or County)	country) (State)
B	urial Feb. 20 1066 Frosthung	Franklus 36	
	urial Feb. 20, 1966 Frostburg I	Mem. Park Frostburg Maj	cyland Ak's SIGNATURE
T	hilloy7// Cours Frostburg. 1	TED O	relan Judas
	lafer Funeral Home, 60 West Main	St. DATE 1000 E	



MARYLAND STATE DEPARTMENT OF HEALTH

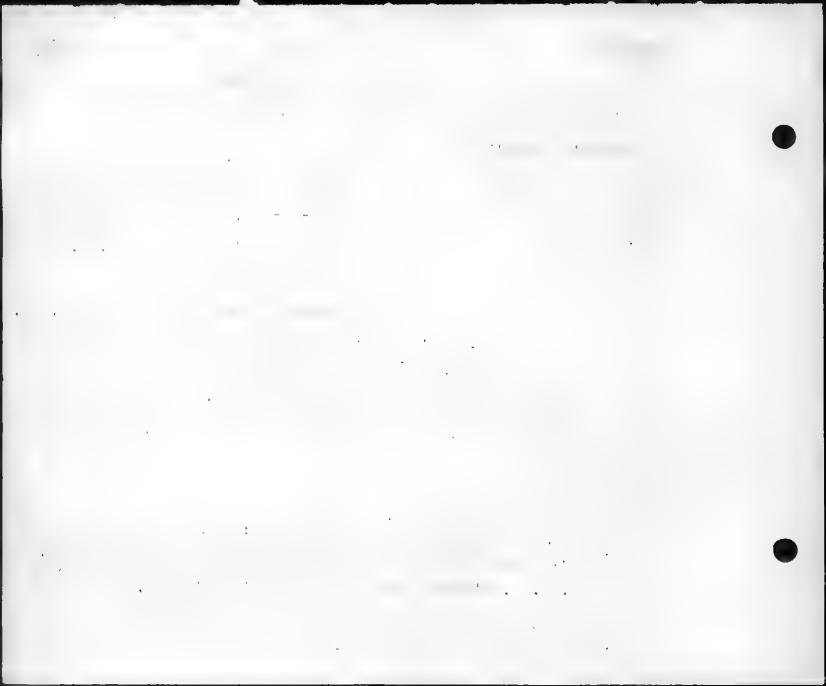
funeral and 2 death. after the Ē stely filled in bon papers. within 72 ho within letely compl executed and cor þe certificate tending print. There death been signed by the burial-transit or to burial, crems has be as th prior t certificate osp.tal PRYSICIAN: this detach After d be d retained DIRECTOR: age 3 should iled with the may HOSPITAL FUNERAL 4 0

VR AI5 (4) 20M 1/65



	01692	,	CERTIFICATI	E OF DEATH	1	01548
1.	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE	CE (Where deceased lived, If institution	: Residence before admission)
	ALLE	GANY	MARYLAND	a. STATE ARYL	AND b. COUNTLL	EGANY
	b. CITY OR TOWN Write RURAL	Y (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate ilmits, write RUR	AL and give nearest town)
	CUMBE	ERLAND	25 DAYS	CUMBER	RLAND	1-1
	d. NAME OF HOS	PITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		DRIAL HOSPITAL	-	721 I	afayette Ave.	YES NO K
3.	NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	HERBERT	L.	BOONE	DEATH FEBRUARY	4 19 66
5.	SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. ACE (In years IF UND last rthday) Months	ER 1 YEAR IF UNDER 24 HRS
	Male	White   widow		5-15-19	901   04 yrs.	
10a dui	a. USUAL OCCUPAT ring most of worki	ION (Cive kind of work done) 10b ng life, even (f retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)   12.	CITIZEN OF WHAT COUNTRY?
	Machini	st Helper	Railroad	WEST	VIRGINIA -Rio	U. S. A.
13	. FATHER'S NAM	# 		14. MOTHER'S MAIL	DEN NAME	
		JOHN BOONE		МДІ	RY DAVY	
		VER IN U.S. ARMED FORCES? (If yes give war or dates of service)	6. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
	no	(11 ) ca gate was of bates of service /	214-05-6683	MEMORIAL	HOSPITAL . CUMB	ERLAND, MD.
	18. CAUSE OF	DEATH [Enter only one cause pe	r line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: JMMEDIATE CAUSE (a)	shound Ede	yee_		ONSET AND DEATH
	4	DUE TO				10
	Conditions, if a	any, which \	obar Meuri	orce	,	14 de
	gave rise to	NULL 46 7 1/	Porce L Ken	h de 11.	Les to Certeur Lead	1
	cause (a), st underlying caus	arms me l	- where the falle	de Ocusto	Luch actuardent	
NO					DISEASE CONDITION GIVEN IN PART 1	a) 19. WAS AUTOPSY
CAT		Muric	leas 4 Jeu	00		PERFORMED?
IFE	20a. ACCIDENT	WAS UNDERLYING   20b.		RRED. (Enter nature of	f injury in Part I or Part II of Item	
CERTIFICATION	I OR CONTRIBUTE	NG CAUSE OF DEATH		, , , , , , , , , , , , , , , , , , ,		
	20c. TIME OF I	NJURY Month, Day, Year   20d		CE OF INJURY (Home, fa		County) (State)
MEDICAL	Hour a.m	1 ren	HE MOT WALLE !!	ry, street, office bldg., e	ic.)	4
M	p.n			1954	0 to Feb 10	tob that (I) (we) last
		y that (I) (this hospital) atte eased alive on FCG 4		death occurred at		
	22a. SICNATUR		19 E Z, and that	death occurred at-		DATE SICNED /
		Kly Luc	1 /20 110		MED. STAFF	7/5/6/-
	220. PHYSICIA	N'S	4/47 M.D	PHYS. LXI	DIRECTOR PHYS.	10-11-10-
	NAME (Ty	PEDR G. O. HY	MMELWRIGHT	133	VIRGINIA AVE.	/
23:	BURIAL CREM	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
200	REMOVAL (Spe	clfy)			Rio, West Virgi	
-24		<u>ial   Feb. 8,1966</u>	Poland Cemet	ery 1 25a. RF	C'D BY REGISTRAR   25b. RECISTRA	AR'S SICNATURE
2"		s F. Scarpelli		d.		eles Judge

1966



TO HOSPITAL be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely inted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tempore carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and if any event, within 72 hours after death. ÀU.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01603	CERTIFICATE	OF DEATH	01549
1. PLACE OF DEATH  a. COUNTY		2. USUAL RESIDENCE (Where decreesed I ved, If Institutions a, STATE b, COUNTY	Res dence before admission)
b. CITY OR TOWN (if outs de corporete limits,	MARYLAND	Maryland c. CITY OR TOWN (If outs do corporate I mils, write RURAL on	legany
write RURAL end give neerest town)  Cumoerland	C. EENGIN OF STATERY	Cumberland	a disea decreal favors
d. NAME OF HOSPITAL OR INSTITUTION (if no	t in hospile, give street eddress)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
Memorial Hospital 3. NAME OF DECEASED	Middle	200 / 2 Avirett Avenue	YES NO NO Dey Year
(Type or print) Russell	Willmer Married XX Never Married [] , B.	Brant   DEATH February DATE OF BIRTH 9. AGE III, YOUR 1	
Male 'White W  10a. USJAL OCCUPAT Of (G ve kind of work done during most of working life, even if retired)	TOO KIND OF BUSINESS OR NOUSTR	Sept. 9. 1904 61 vs	Deys Hours Min.
Millworker  13. FATHER'S NAME	B. & O. Rwy.	Cumberland, Md.	U. S. A
Howard Brant  15. WAS DECEASED EVER IN U.S., ARMED FORCES (Yes, no, or unkown) (Ifyesgive were redelexed serving)	(e)	1, CONO	erland, Md.
NO IB. CAUSE OF DEATH  Enter only one cou		s. Alice Brant, 200 1/2 Avirett	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MMED ATE CAUSE (e)	Coronny or	ling Asine	ONSET AND DEATH
Conditions, if any, which (b)	Myrohn		yeur
geve rise to immediate cause (e), stating the underlying DUE TO	Do 0 1	ct lease	and the same
ze use lest.  Z PART II, OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO WATH BUT NO	of related to the ferminal disease condition given in Par	T 1(a) WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITION			YES NO X
200. ACCIDENT WAS UNDERLYING : 200 OR CONTRIBUTING CAUSE OF DEATH 1 (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCR BE HOW IN. LRY OCCURED.	. [Enter neture of injury in Pert   or Pert II of item \$B )	
20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm, 20f. (City or lown) (Co. ory, street, office bldg., etc.)	unity) (State)
Hour e.m. 19	et work et work	7	to /
21. I certify that (I) (this hospital)	11 11 1 1	7' (14 201 ) 1	Pihat (I) (we) last
saw the deceased alive on T	17	death occurred at 3.0 AM, from the causes and on	22b. DATE
22c. PHYS CIAN M & Kelyn	moller "	D. ATTENDING MED STAFF PHYS. DIRECTOR PHYS. Fe	b. 21, 1966_
NAME (Type) Dr. Blane M.	Schindler	43 Greene St., Cumberland,	Md.
238. BURIAL, CREMATION, 23b. DATE THEREON			(Stele)
Burial Feb. 21, 19	166 Hillcrest Bu		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDKE22	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGINATURE

VR A15 (4) 15M 9/60

H. Nayne George, Cumberland, Md.

th Cumberland, Maryland 25a, RECTO BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DAFFEB 24 1968 Illumber Jud Jelianles Judge



WE THE STANDARY This cert Cale should be executed within 24 hours after death. If any delay cert cert is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1, and 2 with the State Department of Health or its designated agent, prior to burlal, cremation, or removal, and in any expect within 72 hours after death.

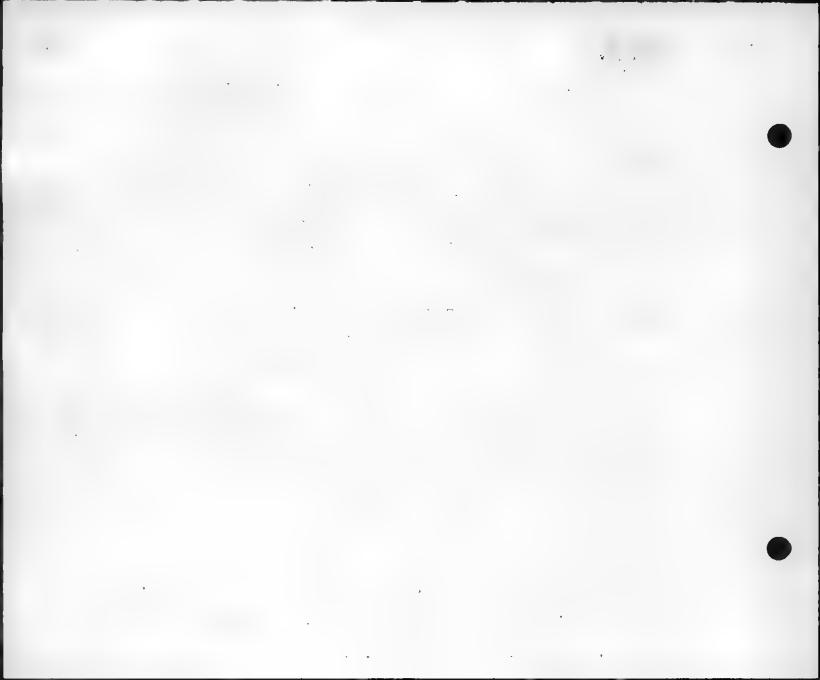
## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01504	MEDICAL	EXAMINER'S	CERTIFIC	CATE	OF D	EATH		1)]	550
1	PLACE OF DEATH 8. COUNTY			11	SIDENCE	(Where deci	ased lived, If ins		esidence befo	ore admission
Ę	Allegany		MARYLAND	e. STATE	Mary	rland	b. cour		legany	r
	b. CITY OR TOWN (If outside cor write RURAL and give neares	porata limits,	c. LENGTH OF STAY IN 1	c. CITY OR TI	OWN (If ou	tside corp	orata limits, wi			
	Flintstone	c town)		FI	intst	one	Route #	2	- /	1
	d. NAME OF HOSPITAL OR INSTI	FUTION (If not In ho.	spital, give street eddres	s) d. STREET AD	DRESS				e. Is	RESIDENC N A FARM?
										K NO
3.	NAME OF DECEASED	Firat	Middle	Last	4	DATE	Mont	h	Day	Yaar
		Carl	Jackson	Browning	,	DEATH	Februa	rv	24	19 66
5.	SEX 6. COLOR OR R	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIR	RTH	9,	AGE (In years last birthday)	IFUNDER		NOER 24 HR
	ale White	WIDOWED		May 13,1	.903		62 ута.	MORERS	Days Ho	ours   Min.
10a	IN USUAL OCCUPATION (GIVE kind of ling most of working life, even if r	work done   10b. Kil	ND OF BUSINESS OR	11. BIRTHPI	LACE (Stati	e or foreig	n country)	12. Ci	TIZEN OF W	TAHV
	Custodian of Gi	rl Scout (	Camp	Maryla	ınd				S.A.	
13.	FATHER'S NAME			14. MOTHER		NAME				
	Ephraim	Browning					Etta Hai	milton	n	
	. WAS DECEASED EVER IN U.S. ARM		OCIAL SECURITY NO. 12	. INFORMANT			Addre		te #2	
	No	21	8-12-5812 M	rs. Irene	Brow	ming			ntston	ne. Md
	18. CAUSE OF DEATH [Enter on	ly one cause per lin							INTERVAL	BETWEEN
	PART 1. DEATH WAS CAUSE IMMEDIATE CA	D BY: NUSE (a)	STATUS	ASTHMATIC	US				MINU	TES TES
	2418	DUE TO	/							
	Conditions, if any, which	(b)	(BRONC	HIAL ASTH	MA)					_
	gava rise to immediata (	DUE TO								
	underlying cause last.	(c)								
LION	PART II. OTHER SIGNIFICANT CON	OITIONS CONTRIBUT	TING TO DEATH BUT NOT RE	LATED TO THE TERI	MINALOISI	EASECOND	ITION GIVEN IN	PART 1(a)		S AUTOPSY RFORMEO?
ICAI									- L.	No [
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING (CAUSE OF DEATH.	⊒ 20b. D	ESCRIBE HOW INJURY OF	CURRED. (Enter n.	ature of In	Jury In Pai	rt I or Part II o	of Item 18.	)	
CAL	20c. TIME OF INJURY Month,	Day, Year 20d. IN	JURY OCCURRED   20e. P	LACE OF INJURY (F	lome, farm	, 20f. (	City or town)	(Cou	nty)	(State)
EDI	Hour a.m.	While at work	MOT MUITE I	ctory, street, office	niaR** atc.)					
25	21. I certify that I took cl			held an Autopsy	<b>.</b> .	nspection	XI. Inqu	iry X ,	and in	my opinio
		tural causes X			Homicide		Undetermined			,
	1	· 4- 1			MEDICAL E	XAMINER				
	SIGNATURE Leur.	diet it	Kitarelie	M.D. ASSISTA	ANT MEDIC	AL EXAMI	VER			ATE SIGNED
		60.11.2	1 16 7				ICI Febr			
-	NAME (Type) DeliedLet	Skitarel					or county) Cu			
238	REMOVAL (Specify)	ATE THEREOF	23c. NAME OF CEMETE				CATION (City, to			(State)
2/	Burial   2/7/	/66	Hillcrest B	urial Par	K PECIO	Cumb	erland TRAR   25b. R	Mal	ryland	PF -
24		0 ) -			FEB	^				
	Ruth E. Silcox	Cumberl	and Earyland	21502 104	MET D	)	366	126	m 1 ed	A.E.

5M 1/65

director. Page 4 shoul retained for your files. please execut TO DEPUTY ME



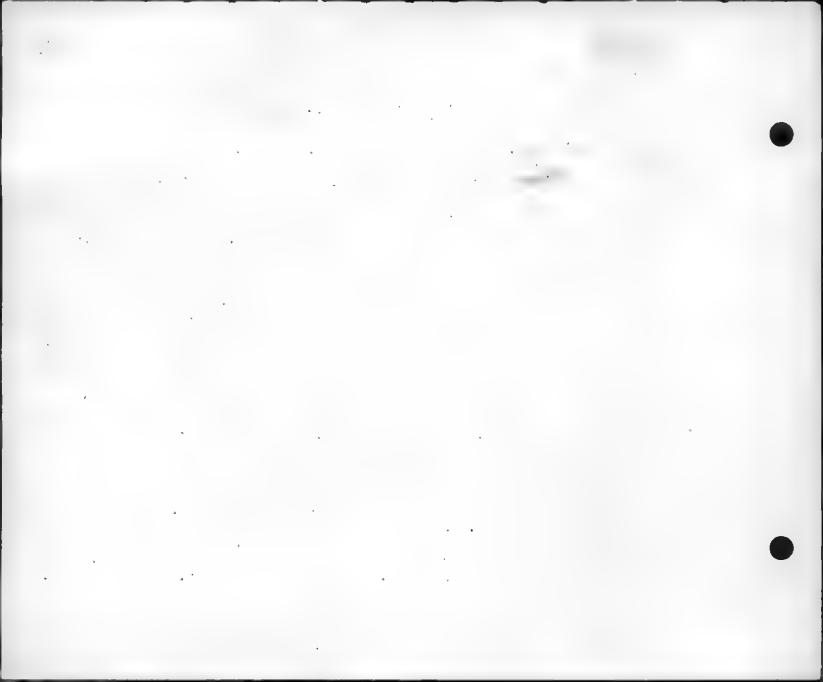
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TO FUNETIC DIRECTOR: After this certificate has been signed by the attending Invision and computely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-eachon papers. Pages 1, and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 14 heurs after leath. THE PRESENTAL OR ATTEMBRIES PROSICIAN: The law requires that the death certificate by executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 111EE 1

	012:045	0. 00				
, 1.	PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Ro	esidence before admission)			
	8. COUNTY ALLEGANY MARYLANI	a. STATE MARYLAND b. COUNTY	LLEGANY			
	b. CITY OR TOWN (If outside corporate limits,   C. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)			
	COMBERCAND vive nearest town) XKK IIDAYS	CUMBERLAND	, ,			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
_	SACRED HEART HOSP.	RT. 5 BOX 598	YES NO			
3.	NAME DF First Middle DECEASED	Last 4. DATE Month OF	Day Year			
-		JCKLEY DEATH 2-8-66	19			
5.	SEX 6. COLOR ON RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	Days Hours Min.			
	MALE WHITE WIDOWED X DIVORCED	2-22-1889 76 yrs.	Days Hours Mill.			
10a	a. USUAL OCCUPATION (Give kind of workdone   10b. KIND OF BUSINESS OR INDUSTRY   INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT			
	Retired Farmer	W.VA	UNTRY? U.S			
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	GEORGE BUCKLEY	Catherine Weatherh	olt			
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 PS, no, or unknown) (() yes pive war or dates of service)	L7. INFORMANT Address				
(10	No 212-12-8880	DAUGHTER & CHART				
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).		INTERVAL BETWEEN			
	PART I, DEATH WAS CAUSED BY: 77		ONSET AND DEATH			
	10 G 1 IMMEDIATE CAUSE (a) HODAULC COME		II days			
	Conditions, If any, which \ (b) Metastatic Carcinoma of bone and liver 6 months					
	gave rise to immediate	thoma of bone and liver	6 months			
	cause (a), stating the DUE TO					
z	underlying cause last. (c)					
010	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R		19. WAS AUTOPSY PERFORMED?			
FICA	Diabetes Mellitus, Pulmonary Fibr	rosis, Aortic Sclerosis	YES NO			
CERTIFICATION	202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of Injury in Part I or Part II of Item 18.	)			
CAL	1 1 1	PLACE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)			
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	actory, street, office bldg., etc.)				
_	21. I certify that (I) (this hospital) attended the deceased from	June 29, 19 65 to Feb. 8, 19 6	that (I) (we) last			
	saw the deceased alive on Feb. 7, 1966, and t	that death occurred at $330$ M, from the causes and on the				
	22a. SIGNATURE		NTE SIGNED			
		M.D. PHYS. ATTENDING MED. STAFF PHYS. Fet	8, 1966			
	22c. PHYSTCIAN'S SAMUEL M. Jacobson, M. D.	22d. Appressershing St., Cumberla	nd. Md.			
	(1)					
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)			
	Burial 2/11/66 St. Lukes	Cemetery Glebe West V	Virginia 💮			
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR"	SIGNATURE			
	Ruth E. Silcox Cumberland Harylan	nd 21502 FEB 1 1 1956 Blanley	Judge			

VR A15 (4) 20M 1/65

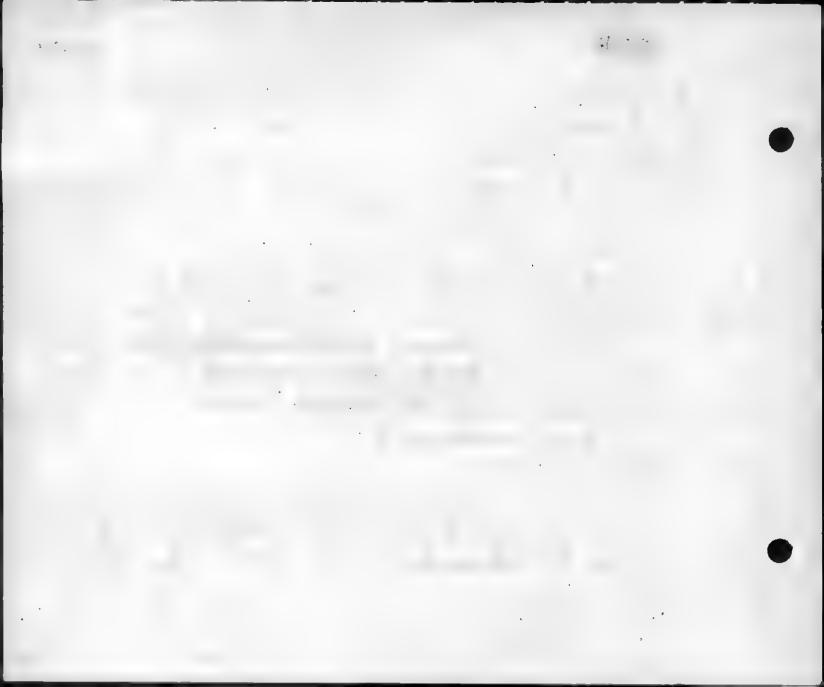


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the next contincate be executed within An Amers after doubt. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

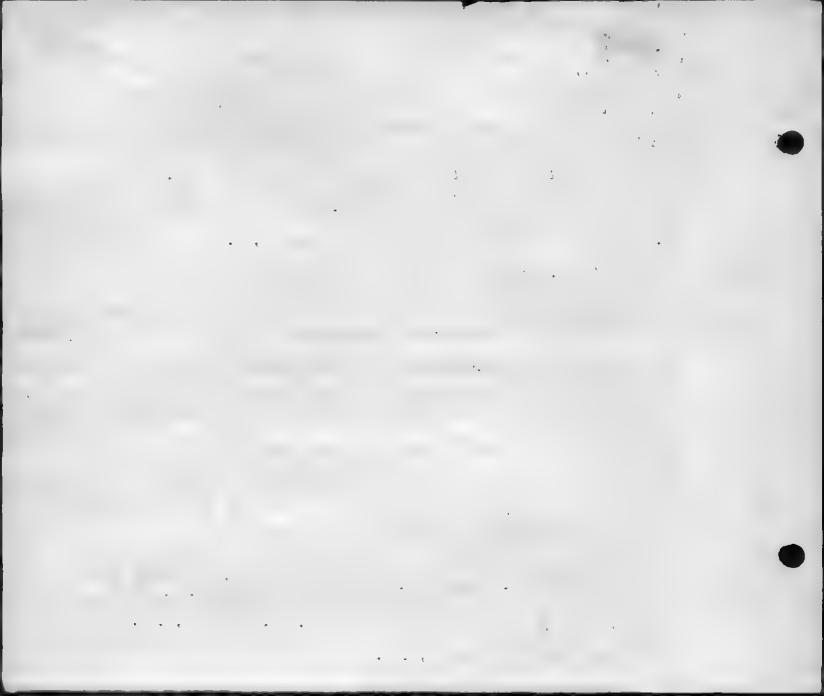
	MARYLAND STATE DEPARTMENT OF H	EALTH
	RESEARCH AND RECORDS, 301 W. PRESTON S	STREET, BALTIMORE 1, MARYLAND
01 68 <b>6</b>	CEDTIFICATE OF DEATH	0100

Т	0.200	
	1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE () b, COUNTY
1	alley any MARYLAND	maryland allegany
å	b. CITY OR TOWN He chtside comprate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate Hmits, write RURAL and give nearest town)
	La Vale Md.	La Vale Md. 01-1
T	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?
1	15 Forest Drive	15 Forest Grine YES NOW
	3. NAME OF Pirst O Middle	Last 4. DATE Month Day Year OF
1	11) 30 0100-2	B DATE OF BIRTH 19. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
	I MARKIED A NEVER MARKIED	Doc 17 1896 (ast birthday) Months Days Hours Min.
1	10a, USUAL OCCUPATION (Give kind of work done   10b, KIND DF BUSINESS DR	11. BIRTAPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
1	during most of working life, even it retired) INDESTRY	Canesvelle Pa 21. S. A
1	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
ĺ	Charles Coule	mary Smyth
1	15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes, no. or unkown) (If yes give war or dates of servige)	Bernard F. Coyle h. La Vale Md
١	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: 16 Lerrica 9-	infection dekadration. 2 miles
1	LA2X DUE TO A	1. 1.
1	Conditions, If any, which ) (I call & Chr	once Reclosophules you.
1	gave rise to immediate cause (a), stating the DUE TO	1 / 1 / 1
1	underlying cause last. (c) & Welchele A	laglain Calciele.
1	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	sever orothoringle	YES NO L
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF CONTRIBUTING TO CAUSE OF CONTRIBUTING TO DEATH BUT NOT RELIED TO CONTRIBUTING TO CONTRIB	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
		CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	Hour a.m. While Not While facto	ory, street, office bidg., etc.)
1		1964, to 2 7 1966, that (I) (we) last
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1966 and tha	t death occurred at 7 M, from the causes and on the date, stated above.
	22a, SIGNATURE	22b. DATE SIGNED
	hatter 11. Symas by M.	D. PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. D 2/8/66
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Durist (5)00119) 2/10/66 S. Teler+	Paul (m) (umbuland Md
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	James Alexi Inc. ( work. M)	d, OFFE B 1 1 1966 Pelianles Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) a. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) 24 McCoole McCoole .91 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Hill Top Hill Top YES NOX 3. NAME OF paper in 72 l Middle 4. DATE Dev Manth DECEASED DEATH Feb. 26 (Type or print) Albert Sale Creasy 19 66 rbon withiu 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. lest birthday) | Months | Days Š Aug. 29th. 1886 Male WIDOWED [7] DIVORCED ove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Rt. Carman & O RR Montvale. Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Wiggington Charles A. Creasy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) McCoole, Maryland permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart failure menth has been signed no burial-transit p DUE TO Arteriosclerotic cardio vascular disease years Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Cerebral arterial insufficiency uears cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO K 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fler this ca ched for a Health pr (IF EITHER, NOTIFY MEDICAL EXAMINER) itained by th OR: After this e detached MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, ) 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While et work | et work may be retain DIRECTOR 3 should be deceased alive on 2/26 22a. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. death. Page 4 for FUNERAL director, page be filed with th M.D. HOSPITA 22c PHYSICIAN'S 22d. ADDRESS 126 E. Armstrong Street NAME (Type) Coffman. Keuser. W.Va. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Slete) REMOVAL (Specify) Potomac Valley Memo. Pk. Keyser. W. Va. Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A15 (4) Keyser, W. Va. 20M 5-63

DEPARTMENT OF HEALTH



State Department hours after death.

cessary, funeral may be

WED EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute as certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72

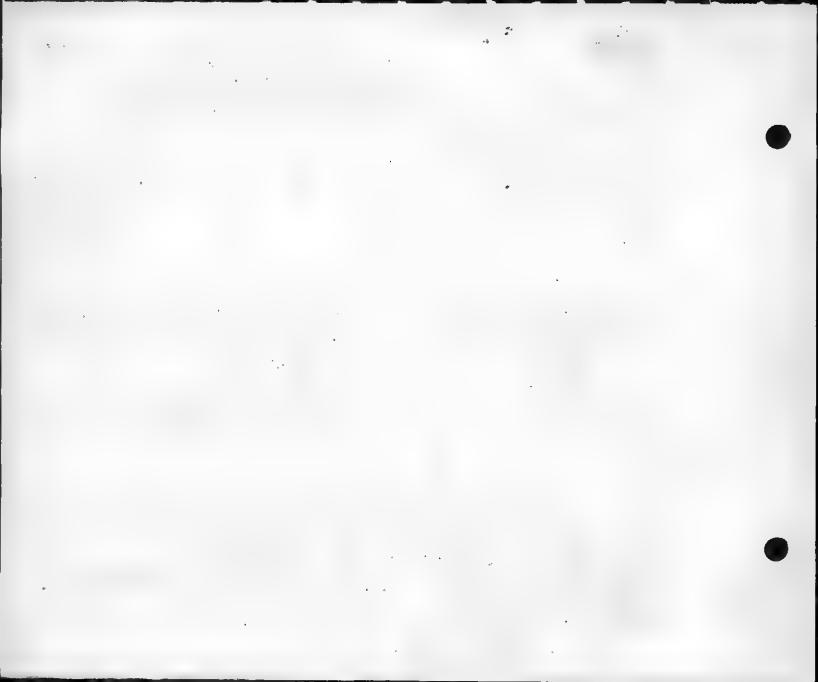
## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EYAMINED'S CEDTICICATE OF DEATH

	DIOUX		MEDIO	ML L	AMMINEN		PERTITION	C OF DE	AIII	[	115	54
1.	PLACE OF DEAT	1	-			1	2. USUAL RESIDENC	E (Where decease	d lived, If insti	tution: Resi	dence bet	ore admission)
	a. COUNTY		legany		MARYLA	ND	a. STATE N	aryland	b. COUNT	Y All	edan	У
	b. CITY DR TOW	N (If outside co	rporate limits,	C.	LENGTH OF STAY I	N 1b	c. CITY DR TOWN (If	outside corpora	te limits, writ	a RURAL an	d glya n	earest town)
	b. CITY DR TDW write RURAL Cu	imberlan	d d				C	umberla	nd		1	
				In hospi	tal, give street add	iress)	d. STREET ADDRESS		-		8. 15	RESIDENCE N A FARM?
		Fifth	Street			-	]	.7 Fifth	Stree	t	YES	□ NO 🔼
3.	NAME OF DECEASED		First		Middle		Last	4. DATE	Month		Day	Year
_	(Type or print)		Charle	S	Randol		Davy	DEATH	Feb		5	19 66
5.	SEX	6. COLOR OR F	2 1 1000031	HED 🔲	NEVER MARRIED		B. DATE OF BIRTH	1 500	E (in years it it birthday) a			ours   Min.
	Male	White	17100	WED 🗀	DIVORCED	-x	*	56	утв.			
10a	. USUAL OCCUPATING most of work	TON (Give kind of	work done; 1(	INDUS	OF BUSINESS OR		11. BIRTHPLACE (S	tate or foreign o	ountry)	12, C1117	ZEN OF V	TAHW
	Machini		01,100,	makes.	road		Blooming	ton, Md.		USA		
13,	FATHER'S NAM	Ē				-	14. MOTHER'S MAIL			,		
		Wright	t Davy				Blan	che Jewe	-11			
15	WAS DECEASED	EVER IN U.S. ARM	ED FORCES?	16. SOC	IAL SECURITY NO.	17.	INFORMANT		Address			
(15	s, no, er unkown) yes	War	Lates of service)	705-	12-4748	Mr	s. Margare	t Cook (	Jumharl	and N	As F	hand
				ner line f	or (a), (b), and (c).			0 00012,	WIII C I I			L BETWEEN
		ATH WAS CAUSE IMMEDIATE C		, , , , , ,	Coronar		Occlusion,	Left				ND DEATH
	4301	IMMEDIATE C	AUSE (8)		001 01101	J	0001401011	1020			Duc	i d C II
- 1	Conditions, if any, which \ Coronary Thrombosis									11		
- 1	gave rise to		(b)									
	cause (a), stating the DUETO Coronary Sclerosis											
_	underlying caus		(c)									
CATION	PART II. DTHER S	SIGNIFICANT CON	IDITIONS <u>CONT</u>	RIBUTIN	<u>G TD DEATH</u> BUT NO	TRELA	TED TO THE TERMINAL O	DISEASE CONDITI	ON GIVEN IN P	ART 1(a)		AS AUTOPSY RFDRMED? NO NO
MEDICAL CERTIFICATION	20a. EXTERNAL PRIMARY OF DEAT	L CAUSE WAS CONTRIBUTING	20	b. DESC	RIBE HOW INJURY	OCCU	RRED. (Enter nature of	injury in Part i	or Part II of	Item 18.)		
2		NJURY Month,	Day Vear 2	nd IN 1116	RY OCCURRED   20	a PLA	CE DF INJURY (Home, fa	ırm.l 20f. (City	or town)	(County	u)	(Stata)
3	Hour a.n			hile —	Not While		y, street, office bldg., e		0,	(a variety	,,	(0.00.0)
ME	p.r		19 at	work	at work				<b>3</b>	[]		
				Ferrera			d an Autopsy 🏋 ,	Inspection		ry [35], _	and in	my opinion
	death resulted from: Natural causes 🗓 Accident 🗍, Sulcide 🔝, Homicide 🔲, Undetermined manner 🔲											
	I ATRIAL	1	. 4	10-	,	,	CHIEF MEDICAL		]			
	SIGNATURE Denedict States M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED											
	EXAMINER'S NAME (Type)	BENEDI	CT SKI	TARE:	LIC, M.I	).	DEPUTY MEDIC Address (Street	AL EXAMINER At, city, town, or	county)Cum	uary berla	nd,	.966 Md •
238	BURIAL, CREM	ATION, 23b. I	THEREOF		C. NAME OF CEM		OR CREMATORY	23d. LDCAT	ION (City, tow	VR or count	(y)	(State)
	Burial	Feb.	10,196	6 A	rlington	Na	tional Ceme	etery Ar	lingto	n. Va		
24.	FUNERAL DIRE		_		ADDRESS		25a. REI	C'D BY REGISTRA	UR   25b. REC	GISTRAR'S	SIGNATU	
	Ja	mes F.	Scarpel	Lli	Cumberla	ınd,	Md. DATE	3 1 0 198	6	miles	Jus	igh.

VR AISME (5) 5M 1/65

please execut. To Deputy MED director. Page 4 should retained for your files.



VR ALSME (5) 5M

1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	01608		ENICAL	EXAMINEK	5	CEKTIFICATI	E UF	DEAIR			100	1)
1.	PLACE OF DEATH					2. USUAL RESIDENC	E (Where			Residence	before an	imission)
	a. COUNTY	Allegany		MARYLAN	10	e. STATE	ıulan		COUNTY	Alleg	anu	
-	b. CITY OR TOW	N (If outside corpora and give nearest to	te limits,	C. LENGTH OF STAY IN		c. CITY OR TOWN (If						st town)
	Write RURAL Dナ # ム	and give nearest too	wn)			Rt. # 6	Cumb	onland		- ,		
-	d. NAME OF HDS	PITAL OR INSTITUTE	ON (If not in ho	spital, give street addr	(229	d. STREET ADDRESS	000110		- A /	- 1	B. IS RES	IDENCE
					4,00)		D+	# 000	Rawlin	gs	DN A	FARM?
1		. S. Rt. #				Along U. S.			nr		YES 📙	NO X
]]3.	NAME OF DECEASED		Irst	Middle		Last	4. DA	+- /	Month	Day		
X_	(Type or print)		lvin	Russell		Deremer	DE	ath Feb	-	10,	2.0	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH		9. ÄGE (In y lest birth	ears   1FUND1	Davs	Hours	R 24 HRS.
	lale	White	WIDOWED [				1891	74 y	TS.			
10 du	a. USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10b. Kil	ND OF BUSINESS OR		11. BIRTHPLACE (ST	tete or fo	reign country	12.	CITIZEN	OF WHAT	
No	ne. Disa	oled Veter	an N	lone		Cresaptou	un. M	d.		. S.		
	. FATHER'S NAM		,			14. MOTHER'S MAID	EN NAME					
	Frederi	ck Deremer				Mollie	Daws	on				
1	. WAS DECEASED	VER IN U.S. ARMED FO	DRCES?   16. S	OCIAL SECURITY NO.	17.	INFORMANT	<u>-</u>	A	ddress			
10	yes.	(If yes give war or dates)		None	Иn.	s. Mary Dere	no h	P+ # 6	Cumba	n Pana	l Md	
				ne for (e), (b), end (c),]	1100	s. morey verte	JIIOL	100.	cumoe		RVAL BE	100
		ATH WAS CAUSED BY	Y:	Coronary	000	Pusion				DNS	et and udde	DEATH
	1 .	IMMEDIATE CAUSE	. /	Contontorty	000	CAUSTON .					anac.	F L
	Conditions, if eny, which \ Coronary sclerosis									_		
	geve rise to	Immediate (	(b)	00.10.100.10	40 4			1				
	ceuse (a), si	armik ma (	E TO									
z	underlying caus		(C)	TIME TO DEATH BUT NOT	DELA	TED TO THE TERMINAL D	TICEASEC	OND TION CIV	N IN PART 1/	e)  19.	WAS AL	ITOPSY"
MEDICAL CERTIFICATION									647 HTT 1 444 7 44		PERFOR	RMED?
15						2 in service URRED. (Enter nature of		Dark I or Dar	t II of Itom 1		s 🗌	NO XX
E	PRIMARY Or	CONTRIBUTING	200. 01	ESCRIBE HOW INJURY	UGEL	IRNED. (Enter nature of	i injury ii	i Pari i Ur Par	L II OT ITEM A	10.)		
10.												
S	20c. TIME OF I	NJURY Month, Day,			. PLA facto	CE OF INJURY (Home, fary, street, office bldg., e		f. (City or tov	(C	ounty)	(:	State)
N N	p.r		While et work	Not While et work								
	21. I certify	that I took charg	e of the rema	ins described above	, he	id an Autopsy 🔲,	Inspec	tion XX	Inquiry X	k and	i in my	opinion
	death result	ed from: Natura	l causes XX,	Accident,	Sui	cide , Homicio	de 🔲,	Undeterm	ined manne	ı 🗌		
П		1	in To	1		CHIEF MEDICAL	L EXAMIN	IER 🔲				
	SIGNATURE &	Denedic	I Ski	tarelia		M.D. ASSISTANT MEI					. DATE	
	EXAMINER'S					DEPUTY MEDIC						
L	NAME (Type)	Benedict S				Address (Street						
23	BURIAL, CREM	c(fy)		23c. NAME OF CEME			23d.	LOCATION (C	ty, town or o	county)	(5)	tate)
	Burial	2/13/6	36	Hillcrest	Bu	rial Park	C	umberla	nd, Ma	rylan	id	
24	. FUNERAL DIRE		0 1	ADDRESS				EGISTRAR   25	. REGISTRA	AR'S SIGN	ATURE	
	H. Way	yne George	Cumber	Kand, Md.		, FEE	3 4	1968	,	" "	7.61	*



TO HOSPITAL OR INTENDINE FEYSICAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1/ and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the great within 72 hours after deaths.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01610			CERTIFICA	TE OF DEATH	4	_{	1556			
1.	PLACE OF DEAT a. COUNTY	н			2. USUAL RESIDEN	CE (Where deceased li		esidence before admission)			
	A	llegany		MARYLAND	a. STATE Mar	yland		legany			
		N (if outside corpora and give nearest tow	te limits, c	LENGTH OF STAY IN 1	c. CITY OR TOWN (II	outside corporate	ilmits, write RURAL	and give nearest town)			
	Midl	and			Mid	land					
	d. NAME OF HO	SPITAL OR INSTITUTIO	JN (If not in hosp	oltal, give street addres	d. STREET ADDRESS			ON A FARM?  YES NO S			
3.	NAME OF DECEASED	FI	irst	Middle	Last	4. DATE	Month	Day Year			
	(Type or print)	Joh	ın		Devlin	DEATH Fe	bruary	11 19 66			
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19. AGE (	In years IF ONDER:	1 YEAR   FUNDER 24 HRS.			
	Male	White	WIDOWED [	DIVORCED [	May 13,18	92 7	3 yrs.	Days Hours Min.			
10a	USUAL OCCUPATING MOST of Work	FION (Give kind of work ing life, even if retire	done 10b. KINI	D OF BUSINESS OR USTRY	11. BIRTHPLACE (C	county & State, or forei	CO	TIZEN OF WHAT			
	Retired	i Merchani	2		Lonaconi	ng, Maryl	and U	.S.A.			
13.	. FATHER'S NAM	_			14. MOTHER'S MAIL	DEN NAME					
		Henry I	evlin e		Ann	ie Woods					
		EVER IN U.S. ARMED FO		CIAL SECURITYNO. 1	. INFORMANT		Address				
		Can Dea Barrier on Contract	N. SC.I VINCE		John J.Dev	l <b>ė</b> n M	idland,	Md.			
	18. CAUSE OF	DEATH [Enter only on	e cause per line	for (a), (b), and (c).]	"Son"			INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Coron	ary Occlusio	n			Sudden			
	, DUE TO										
	Conditions, If any, which ) (b) Coronary Arteriosclerosis, Coronary Insufficiency										
	gave rise to immediate cause (a), stating the outer of Myocardial Fibrosis  Over 4 year underlying cause last.										
ION	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH BUT NOT RI	LATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
ICAT	Dia	betes Melli	itue					YES NO			
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	TH 20b. DES	SCRIBE HOW INJURY OF	CURRED. (Enter nature o	f injury in Part i or	Part It of Item 18.				
CAL		INJURY Month, Day,	Year   20d. INJ	URY OCCURRED   20e, P	LACE OF INJURY (Home, fa	arm, 20f. (City or	town) (Cou	nty) (State)			
MEDICAL	l—————	m. 19	While at work	at work	tory, street, office bldg., e		2.3				
	21. I certif	fy that (I) (this hos	pital) attended	the deceased from_				that (I) (we) last			
	saw the de	ceased alive on I	eu. 7,	<u>19 66</u> , and ti	at death occurred at.	DIDUM, from the		ne date stated above. ATE SIGNED			
	ZZa. Sidikaly		ertant		ATTENDING TO	MED. STA	AFE				
	22c. PHYSICI	AN'S SAMUEL M.	4. 4. 4. 5. 5. 4.			DIRECTOR PH	YS. [] 2/	/12/66			
	NAME (T)	ype)SAMUBA M.	. JACOBSO	ON, M. D.	50 Persi	hing St.,	CumberLand	i, Md. 21502			
238	REMOVAL (Sp		400	23c. NAME OF CEMETE			N (City, town or cou	3.6.3			
24	Burial FUNERAL DIRE	ECTOR 2/1	1/66 L	St Michael	s Cemetery	C'D BY REGISTRAR	25b. REHISTRAR	Md. S SIGNATURE			
		Eichhorn		onaconing,				e Judge			

VR AIS 1/65 . .. \* ٠ .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages. Land 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages. Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. IN TITEMING HAVIICHN: The law requirem hat the death certificant

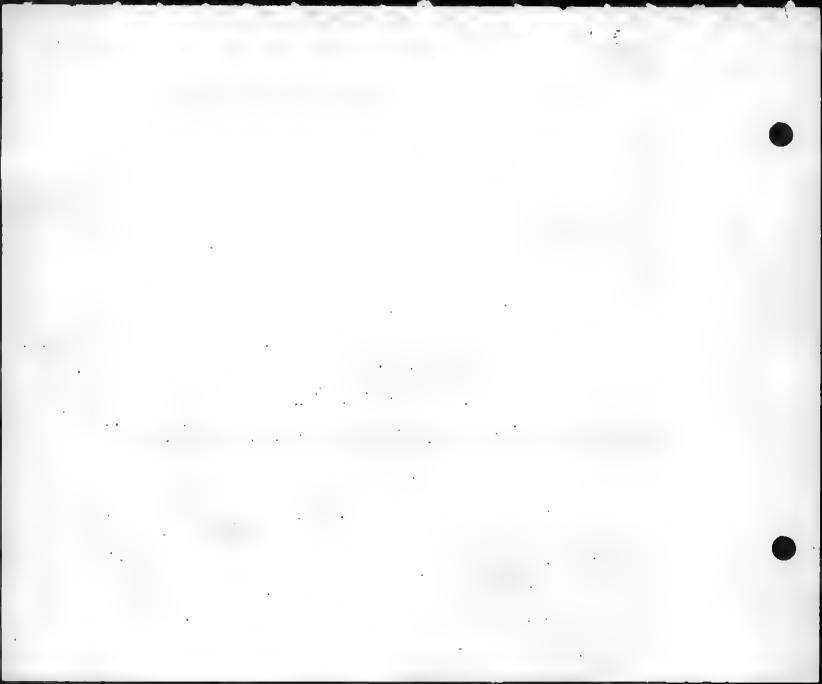
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01557

	111231									
1.	PLACE UP DEAT	4			2.	SUAL RESIDENC	E (Where dec	eased lived, If ins	titution: Resident	ce before admission)
It.	a. COUNTY	Je mny			- 11	. STATE	rg-7, w	րզ b. coun	Mil a	27-176
1/-			N 11	MARYLAN					Tangan T	- V
1	D. CITY OR TOW Write RIRAL	N (if outside corporate and give nearest town)	limits,	c. LENGTH OF STAY IN	l l	-			TO KUKAL and g	(Ive nearest town)
1	Lillers	lie		60 yea	rs	<u>.</u> ?	llers	lie	01	1 _ 1
	d. NAME OF HOS	SPITAL OR INSTITUTION	(if not in ho	pital, give street addr	ess) d. Si	REET ADDRESS				e. IS RESIDENCE
			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						ON A FARM?
										YES NO
3.	NAME DE	Firs	t	Middle		Last	4. DATE	Month	Da	y Year
	(Type or print)	Rache	7	llay	20	Vore	OF DEATH	Pebru:	ery 11	19 66
5	SEX	6. COLOR OR RACE   7			1 8 DAT	E OF BIRTH	19	AGE (In years I	IEUNDER 1 YEAF	R IF UNDER 24 HRS
			_		21			last birthday)	Months   Days	Hours   Min.
	remake	White	WIDOWED.	DIVORCED	] J. 15	8,10	U.L. 1	JZ yrs.		
10	a. USUAL OCCUPAT	ION (Give kind of work do	ne 10b. KII	ND OF BUSINESS OR	11.	BIRTHPLACE (C	ounty & State,	or foreign country	12. CITIZEN	OF WHAT
a	ring most of work house	ing life, even If retired)	IN	DUSTRY		Bedfor	d Co	Pa	US	
1	3. FATHER'S NAM				1 14	MOTHER'S MAID		9 2 00 8	0.0.	**
1.	3. PATHER'S NAM	Ŀ			14.	MOINER'S MAIL	EN NAME			
1	Villia	m Witt				Cath	erine	Clites		
1	5. WAS DECEASED	EVER IN U.S. ARMED FOR	CES?   16. S	OCIAL SECURITY NO.	17. INFOR			Addres	S	
0	res, no, er unkown)	(If yes give war or dates of s	ervice)		0 55	20		gvo. 4	7 7 - 7	
	210			<u> 15-43-411</u>	) 111	s. Don	0 3 y	Caully	7; 75, 17	LO ANCIO
	18. CAUSE DF	DEATH [Enter only one	cause per lir	ie for (a), (b), and (c).]	. 1		1			FRVAL BETWEEN
1	PART I. DE	ATH WAS CAUSED BY:	AR	1. to (XCN)	4/	NSULL	1019N	//Y	011	20 May US
	11 -	IMMEDIATE CAUSE (a	1)	ull Ville	1	11 10//	14/21			2000/0
		DUE TO	0 <	11-11	5		1001		بد	Zarela
1	Cenditions, If		0) 2	NILE H.	1 - 6	ENEKA!	I hed.		K	Opes.
	gave rise to		0 4	2/ 2 3	161	10 .	10 11			6.
	cause (a), si underlying caus	rating the	(1)	urolle A	, 0.11.	14/11/11	7 /41	ロラグヤテル	SIPN 2	DYRA
z		SIGNIFICANT CONDITION		INC TO DEATH DUT NOT	DELATED TO	THE TERMINAL I	NICEAGEFON	DITION GIVEN IN	PART Val. d LA	WAS AUTOPSY
CERTIFICATION	PARTITION HERS	SIGNIFICANI CONDIZON	S CONTRIBU	ING OVER OF BUT NOT	P.	THE TERMINAL I	Natural Chi		3-7-6-	PERFORMED?
<u>ු</u>	MASS LG	SIDEDILL	DUWI	A.P. HOBELLA	1 Day 1	10/10/11	1810 6	AGODIAS		res 🔲 No 🗗
‡	20a. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY	OCCURICED.	Enter nature of	f injury in	art I or Part II o	f Item 18.)	
15	OR CONTRIBUTE	ING CAUSE OF DEATH	9)		- 1	7		7		
				timit Appliance Lon-	DI AGE OF	Alitiny (Ilama &	2005	folia es terms	(County)	(State)
MEDICAL	20c. TIME OF	INJURY Month, Day, Yo	ear 200. IN	JURY OCCURRED 20e	. PLACE UF factory, stre	INJURY (Home, fa et, office bldg., e	etc.)	(City or town)	(County)	(grate)
	Hour a.r		While at work	MOT WITHE M						
2					Doto	hon 1	95% to	1/2/-11	10//-	that (I) (we) last
	21. I certin	y that (I) (this hospit	tai) attende	d the deceased from	CAO	vac ,				
1	saw the de	ceased alive on Alice	c x!	19 <u>@</u> , and	that death	occurred at	<i>Sage</i> (1), 11	om the causes	and on the da	ate stated above.
	22a. SIGNATU	RE /	- Br				Tire.	OTAFF	22b. DATE S	IGNED
1	- 15	Well In	21160		M.D. PH	TENDING YS.	DIRECTOR	STAFF PHYS.	12-12	-610
	22c. PHYSICIA	AN'S	11-5	. 1 . 1		d. ADDRESS	, ,	10	1.0.	
	NAME (T	ype) ////////////////////////////////////	9 - 1201	1090 K	10	2 KS 100 t	241	1. 100	144 -	
	1-/	00011	14	1		1//	14101	1-11211	41.	(0)
23	BURIAL, CREM	a c i fu i	7	23c. NAME OF CEMI	TERY OR CI	REMATORY	23d. LC	CATION (City, to	own or county)	(State)
	REMOYAL ISD	Peb. 14	. 1905	Portor C.	net.	0 /	1.0	nulan, I	To Her	1
2	4. FUNERAL DIRI			ADDRESS		25a. RE	C'D BY REGI	STRAR   25b. R	EGISTRAR'S SIG	NATURE
	LARRAGE A	Localo	T	wnd in . Pa		DATEE	1 10 4	966 80	leavelen (	1.100
	KIILALACIN	TALK WAVE	1	VIII III C	L de	DATE	] []	TON K	- CAN KAY	MAN TO THE

VR A15 (4) 20M 1/65

Page 4 may be retained by the hospital or attending physician.

THE HOMESTALL

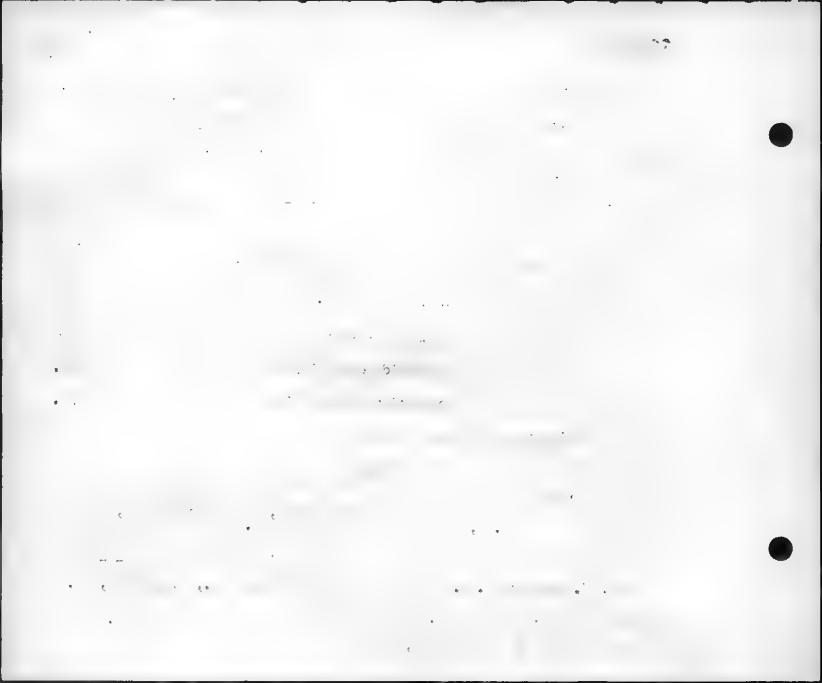


VR ALS (4) 20M 1/65

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

	MAKTLAND 2	IAIE DEPAKT	MENIULI	HEALIH			
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET,	BALTIMORE	1, MARY	LAND

	01612			CERTIFI	CATE	OF DEATH	{		01558
1.	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE		I, If institution: Re	esidence before admission)
_	Alle	gany		MARY			_		an Pgive hearest town)
	write RURAL	garry Tif outside corporate and give nearest town	limits,	c. LENGTH OF STAY	( IN 16	c. CITY OR TOWN (H	outside corporate lim	ilts, write RURAL	and give hearest town)
	d. NAME OF HOS	PIAT JANS ITUTION	(if not in ho	spital, give street a	ddress)	d. STREET ADDRESS	ostburg		e. IS RESIDENCE ON A FARM?
3.	Sacr	ed Heart Ho	spital	911441-		Last 20	2 East Mai	Street	Day Year
3.	DECEASED (Type or print)	Margaret	ı	Middle Ada		Donahue	4. DATE OF DEATH	Pebruary	4 1966
5.	Female		/. MARRIED	¥	8	10-23-12	9. AGE 'n		1 YEAR IF UNDER 24 HRS. Days Hours Min.
10 du	a. USUAL OCCUPATI	ION (Give kind of work dong life, even if retired)	one 10b. Ki	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (C	ounty & State, or foreign	country)   12. Cl	TIZEN OF WHAT
	Housew FATHER'S NAME	ife			-	Maryland	EN NAME		USA
1		iam Lucas				Annie	Winner		
1! (Y	5. WAS DECEASED E	VER IN U.S. ARMED FOR (If yes give war or dates of s	desires.	social security no 7–10–6421		Pt. Chart		Address	
	18. CAUSE OF D	EATH { Enter only one	cause per li	ne for (a), (b), and (c	:).]				INTERVAL BETWEEN
	PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (	a)(	Coronary O	cclu	sion			ONSET AND DEATH
1	400	DUE TO							
П	Conditions, If a		)	Rhoumatie:	Hear	Disease			3 yr.
	cause (a), sta	ating the DUE T	_	Canagastina	u.	art Failure			3 mo.
NO		IGNIFICANT CONDITION	SCONTRIBU	TING TO DEATH BUT	NOT RELAT	ED TO THE TERMINAL	DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICAT	C	ardiomegaly	and H	epatomeg a	ly				YES NO
CERTIFICATION	OR CONTRIBUTION (IF EITHER, NOT	ardiomegaly was underlying from cause of death ify medical examini	20b. D	ESCRIBE HOW THIS	RY OCCUI	RRED. (Enter nature of	finjury in Part I or Pa	rt    of  tem 18.	)
MEDICAL	20c. TIME OF II	NJURY Month, Day, Yo	ear   20d, IN While		20e. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f. (City or to	own) (Cou	nty) (State)
ME	p.m	None 19	at work	at work				1	
П		y that (I) (this hospiceased alive, on <b>Feb</b>	tal) attende	d the deceased for	rom Ja	nuary 24, 1	9 00, to Febru	iary His o	6, that (I) (we) last
	22a. SIGNATUR		A.449	19 <del>00</del> , a	ing that	death occurred at-	PHZM; WOM the C	auses and on the	ne date stated above.
	ame	of. More	inar	-ma	M.D.	PHYS.	MED. STAFI	2-6-	66
4	22c PHYSICIAI	pe)				22d. ADDRESS	3.01.0		
	James	P. Hallinan	_				rd St., Cur	7	
23	REMOVAL (Spe	ration, 23b. Date the clay) Feb. 7	1EREOF 66	23c. NAME OF CE			23d. LOCATION (		inty) (State)
2	Burial  FUNERAL DIRECT		00	St. Michae	ET'S		FTOST DE C'D BY REGISTRAR   2	org, Md.	S SIGNATURE
		Durst, Sr.	, Fros			DATEE			and dec
-						DATE	- T 0 1000	12	



CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission a. COUNTY **b.** COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town! FROSTBURG FROSTBURGd. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? HOSPITAL YES NO 3. NAME OF DATE First Middle Month DECEASED OF (Type or print) DEATH DUCKWORTH FERRUARY 19 CARRIE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years (IF JNDER | YEAR) IF UNDER 24 HRS. last birthday) | Months Days FEMALE WIDOWED X DIVORCED 189 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHP, ACE (County & State, or foreign country) done during most of working life, even if retired) HOUSEWIFE MARYLAND 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME death JAMES. NICHOLS GERTRUDE TREZISE 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no or unkown) (lives give werer dates of service, 18. CAUSE OF DEATH (Enter only one cause per line for (e., (b., end (c).) ONSET AND BEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, il eny, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🔀 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert If of Item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, street, olfice bldg.\_etc.) Hour a.m. at work 66. and that death occurred a 530 M. from the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATURE MED STAFF SIGMED DIRECTOR PHYS. PHYS. death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ò, director, be filed 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) OH 25%, REC'D BY REGISTRAR | 25%, REGISTRAR'S SIGNATURE VR A15 (4) N

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



Division

File pages 1 and 2 with the State Department and to any event within 72 hours after death. TO DEPUTY MEDI. \*\*EXAMINER: This \_\_rt\_cate shauld be uxecated within 24 \_lours after dash. If any \_elmy \_\_cessary, \_else execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. I of Health or its designated agent, prior to burlal, cremation, or removaly

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VR ALSME (5) 5M

1/65

	MARYLAND S	TATE DEPART	MENTUF	HEALTH	
of STATISTICAL	RESEARCH AND	RECORDS, 301 V	W. PRESTON	STREET, BALTIMORE	1. MARYLAND

	01614	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATI	E OF DEATH	0.1560 -
1.	PLACE OF DEATH a. COUNTY  Alleg b. CITY OR TOWN (If outside complete RURAL and give near Rawlings, d. NAME OF HOSPITAL OR INS.	est town)	MARYLAND c. LENGTH OF STAY IN 1D	B. STATE Ma	ryland b. corporate limits,	institution: Residence before admission) UNTY ALLEGARY write RURAL and give nearest town)    0, IS RESIDENCE
	Along U. S. R	•	spitai, givo street auuress)		u. s. Rt. # 2	20 ON A FARM? YES NO [X]
3	NAME OF DECEASED (Type or print)	First Etta	Middle	Last Evans	4. DATE MOI OF BEATH Feb	
Ŧ	SEX 6. COLOR OR  Emale White  USUAL OCCUPATION (Give kind)	WIDOWED		8. DATE OF BIRTH	last birthdey	if UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
aur	HOUS COULSE, FATHER'S NAME	rretired)   _ INI	home	Moorefield 14. MOTHER'S MAIL	d, W. Va.	U. S. A.
	John A. Rumer  Was Deceased Ever in U.S. Ar  is, no, or unkown) (11 yes pive war a  No,			informant is. Clarence	W. Walters,	
	18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMEDIATE	SED BY: CAUSE (e)	coronary	Occlusion		INTERVAL DETWEEN ONSET AND DEATH Sudden
	Conditions, if eny, which gave rise to immediate cause (s), stating the underlying ceuse lest.	(b)	Corona	ry Scleros	is	00° 40° 800 AD AD AD
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CO					YES NO
CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	G 🗇 206. DI	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I of Part II	of item 18.)
WEDICAL	20c. TIME OF INJURY Monte Hour a.m. p.m.	n, Dey, Year 20d. IN While 19 at work	JURY OCCURRED   20e. PU   facts   at work	CE OF INJURY (Home, foory, street, office bidg., e	tc.)	(County) (State)
	21. I certify that I took death resulted from:	charge of the rema		icide 🔲, Homici	de 🔲, Undetermine	quiry X, and in my opinion ed manner
	ACTUAL SIGNATURE SELEC	lict Ski	tareled		LEXAMINER [] DICAL EXAMINER [] AL EXAMINER XF6670	22. DATE SIGNED
22/	1 terms (17po)	T SKITARELI	C. M.D.	Address (Stree		umberland, Md.
	Burial 2/3  FUNERAL DIRECTOR	166	Restlawn Men	norial Garde	ns Cumberla.	nd. Maryland
	H. Wayne Geor	ge Cumberl	Land, Md.	DATEFE	B 7 1956	Lucia Lucia



210	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
(M)	01515 CERTIFICATE OF DEATH
hours after death id in by the funeral sits. Pages 1 and 2 the funeral sits. Pages 1 and 2 the funeral siter death.	1. PLACE OF DEATH a. CDUNTY ALLEGANY  b. COUNTY MARYLAND b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Frastburg, MD.  Frastburg, MD.
filled filled in 72	d. NAME OF HOSPITALL DR INSTITUTION (If not in hospital, give street address)  MEMORIAL HOSPITALL  d. STREET ADDRESS Parkers burg Rd.  On a FARM?  YES D NO [X]
certificate be elecuted adding linksicial and pomple Then please tender carremoval, and heary event,	3. NAME DF DECEASED (Type or print)
Page 4 may be retained by the hospital or "ttending physician.  Page 4 may be retained by the hospital or "ttending physician.  FUNERAL DIRECTOR. After this certificate has been signed by the "tten director, page 3 should be detached for use as the burial-transit permit. Should be filed with the State Dept. of Health prior to burial, cremation, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGNIFICANT CONDITION GIVEN IN PART I (a)  PART II. DTHER SIGN
Page 4 may be retained by the Page 4 may be retained by the O FUNERAL DIRECTOR: After the director, page 3 should be delibed with the State D	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  21. I certify that (i) (this hospital) attended the deceased from 20c. 5, 19 to 19 c, that (i) (me) last saw the deceased alive on 19 and that death occurred at 10 m, from the causes and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) DR. G.O. HIMMELWRIGHT 133 VIRGINIA AVE.  23a. BURIAL, CREMATION, 123b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION, (City, town or county) (State)
VR A15 (4)	REMDYAL (Specify)  Surial  3/1/66  Fighart Cemetery  25a. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE  H. Wayne George Cumberland, Md.  DMAR 3 1936  Missiles Judge.

5.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. PLACE OF DEATH and USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY Pages 1 urs after the MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

CUMBERLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) hours DAYS CUMBERLAND .= bon papers. within 72 ho IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS ON A FARM? 2265 N. LEE MEMORIAL HOSPITAL STREET NO A etely within carbon Month Oav NAME DE First Middle Last 4. DATE DECEASED DF DEATH event, 1 FEB 66 comple LULA FINK (Type or print) Holon 19 executed 6. COLOR OR RACE NE UNDER 24 HRS. SEX OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED [ last birthday) Months Days Hours 1 FEMALE and 8 -9-1 888 WIDOWED X DIVORCED 12. CITIZEN OF WHAT and in 10a, USUAL OCCUPATION (Give kind of work done | 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Ö Alleganu Practical Nurse Hospital 古 removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then WILLIAM BOYD LOUISE DAVIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) CUMBERLAND. MEMORIAL 214-16-2763 CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN n signed by the burial-transit burial, crema ONSET AND OFATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a **OUE TO** Cenditions, If any, which (b) been rise to immediate the to OUE TO cause (a), stating the as the underlying cause last, has (c) CERTIFICATION WAS AUTOPSY PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept. of Health PEREDRIMED? NO T 20a, ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL (State) 20c. TIME OF INJURY Month, Oay, Year 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) 20d. INJURY OCCURRED factory, street, office bldg., etc. be de State I After After Hour a.m. While Not While at work at work 19 be retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the the causes and on the date stated above. saw the deceased alive on and that death occurred a 22b. OATE SIGNED 22a. SIGNATURE page DIRECTOR may MOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADORESS director, p should be NAME (Type) TO BE LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. 2 REMOVAL (Specify) 2/28/66 burral Cumberland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. Cumberland, Md. Wayne, George VR #15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH

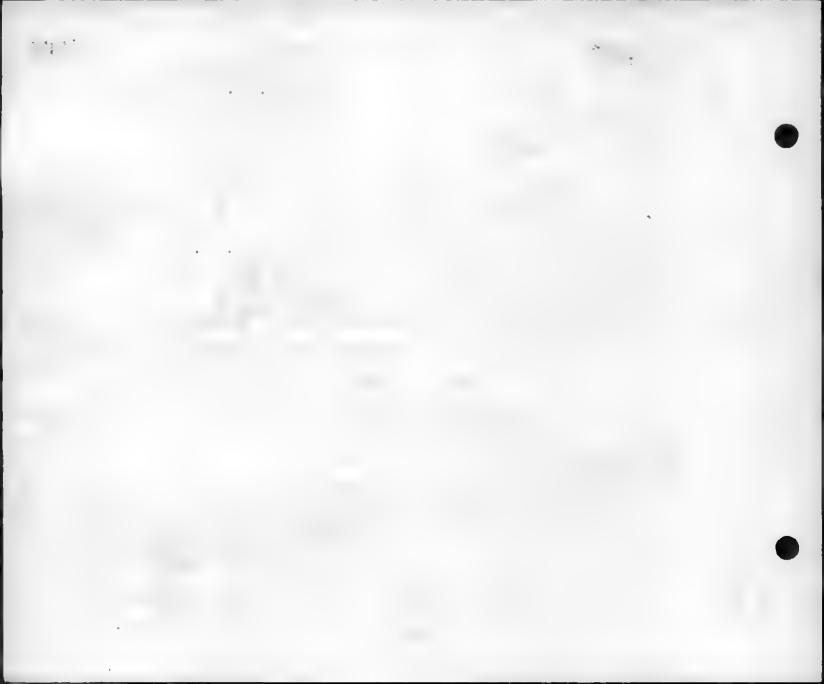
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0161	3	CER	HEICALE	OF DEATH		0.1563
PLACE OF DEATH				2. USUAL RESIDENCE (W	here deceased lived, if institution b. COUNT	
a. COUNIT	LLEGANY		MARY_AND	W.	VA.	MINERAL
b CITY OR TOWN	(If outside corparate himits, ad give negrest town)	c LENGTH OF ST	AY IN It	c CITY OR TOWN (If out	side corporate limits, write RURA	L and give nearest town)
CUMBE	RLAND	1 DAY		RIDGELEY		
	,	in hospital, give street address	)	d STREET ADDRESS		8 IS RESIDENCE ON A FARM?
SACRED	HEART HOSPIT	AL		RT 1		YES NO 🔛
3. NAME OF DECEASED (Type or print)	OSCAR Firs	Midd e WILLIA		LANAGAN	4. DATE Month OF DEATH 2	10 19 66
S. SEX MALE	6. (OLOR OR RACE WHITE	7 MARRIED NEVER MAI WIDOWED DIVO	RRIED B.	2-27-97		TEUNDER 1 YEAR IF UNDER 24 HRS Manths Doys Hours Min.
100 USUAL OCCUPATION during most of working Retired	N (G ve kind of work done glife, even if retired) Laborer	106. KIND OF BUSINESS OF ANDUSTRY Indu		EVENWOOD,	State or foreign country) W. VA.	12 CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME				14 MOTHER'S MAIDEN N		
John	(William	Flanagan)		Eliza	beth Mc Bee	
15. WAS DECEASED EV (Yes, no, or unknown) yes	ER IN U.S. ARMED FORCES? (It yes give war ar dotes of War I	service) 16 SOCIAL SECURITY N		formant TIENT'S CHA	Address RT	
Canditians, if an rise to immedia stating the und	ATH WAS CAUSED BY  IMMEDIATE CAUSE (  / DUE 1  y, which gove (  the couse (o).  erlying couse (	chemi l	luncil	473		MITERVAL BETWEEN ONSE AND DEATH  Sun
PART II. OTHER S	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO				19 WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING   G   CAUSE OF DEATH  Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJUI			ort I or Port II af ítem 18.)	
물 Hour o	m. 19	White Not White at work	focter	OF INJURY (Home, form, y, street, office bldg, etc.)		(Caunty) (State)
21 I cert saw the	tify that (1) (this hosp deceased alive on	ital) attended the decea	sed fram , and thot	$2-9-19$ deoth occurred at_	9CL, to $2-lUM, from couses of$	, 19 <i>EL</i> , that (I) (we) las nd on the date stated above
220. SIĞNATURI	Kluss Mm	240	M.D	PHYS.	MED STAFF DIRECTOR PHYS.	226. DATE SIGNED 2 - 12-66
22c. PHYSICIAN NAME (Typ	Dr. Lewi	s Prings, M.I	).	57 Green	e St., Cumber	land, Md.
230 BUR AL, CREMAT	ion, 23b. Date ther (y) Feb.14		CEMETERY OR CR	rial Park	Cumberland	, , , , , ,
24. FUNERAL DIRECT		ADDRESS		25o. REC'D	BY REGISTRAR 25b REGI	STRAR S SIGNATURE
James I	. Scarpell	i. <sup>C</sup> umberland	l.Md.	1 2 E B	1 8 1956 2000	arles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial date ampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

VR A15 (4) 20 M 1/66



1	2			Division of STATIS	STICAL RE		Y <mark>LAND STATE DE</mark> AND RECORDS, 30			MORE, MARYL	AND 2120	1	
FOR S	TALEM	•	0161	8	ME	DICAL	EXAMINER'S	CERTIFICATE	OF DEAT	Н	0.	156	14
JEALTH 음유 등	DERL		COUNTY A1	legany			MARYLAND	2 USUAL RESIDEN	CE (Where deceos	ed lived, if institution b COUN			,
2, and 3 to PM3. Page	ote Deportment o hours after death	Н	CIY OR TOWN	(If outside corporate liming give negrest town)	al Lo	o a c	NGTH OF STAY IN 115	CITY OR TOWN (	If outside corporat	e limits write RUR -Rural-1	AL and give n	earest ta	iwn)
	te Depo ours afi	(	NAME OF HOSP	TAL OR INSTITUTION (IF	not in hospito	d, give str	eet address)	d. STREET ADDRESS			4	e IS	RESIDENCE ON A FARM?
after death f 8. Give Pages 1, along with form	with the State De within 72 hours	į	NAME OF DECEASED Type or print)	JEAN	First	M.	Midd e GE	lost ORGE	4. DATE OF DEATH	2/28/:		Doy	Year 19
rs after 18. Giv e along		5 !		6 COLOR OR RACE White	7 MARRII WIDOWE	D X		8 DATE OF BIRTH 7/21/1	9	AGE (In years lost birthdoy)	Months D		UNDER 24 HR
24 Tours	ond	10a. deri	ng most of working	ON (Give kind of work doning life, even if retired) Wife		K ND OF INDUSTRY		Gilmo:	tote or foreign co	untry)	12 CIT ZE COUNT	TRY?	HAT
	e poges I	13.	FATHER S NAME	John Mar		171116				ivingst			
outed v og" in l lical Ex	permit. File movol, ond	15 (Ye	WAS DECEASED E s, no, or unknown No	VER IN U.S. ARMED FORCES ) (If yes give war or doles	? of service)		SECURITY NO 17 -07-6762R	INFORMANT		Addres	SS	MD.	
rould be executed within word "pending" in penal the Chief Medical Examin	used as a bur al-transıt permit. burial, cremation, ar removal,		IB. CAUSE OF	DEATH (Enter only one co ATH WAS CAUSED BY IMMEDIATE CAUS		for (o) (b)	) ond (c) )	CHEST	( At	isband)	1		AL BETWEEN AND DEATH THEN
	burol-fronsit mation, or re		Conditions, if or	y, which gove	(b)	(S	ELF INFLI	CTED)					
s certificate s e, writing the forwarded to	i os o l ad, crer		stoting the unc	derlying couse	(c)							Tio wie	, AllTOREN
v a +	be used to buria	CERTIFICATION		S GNIFICANT COND T ONS								YES J	S AUTOPSY REORMED? NO
100 700	ould	I CERTIFI	20g EXTERNAL PRIMARY ☐ or C CAUSE OF DEATH	ONTRIBUTING 🗀			HOW INJURY OCCURRED			,			
	our files age 3 sho ogent, p	MEDICAL	Hour	JURY Month, Doy Year o.m. 19	20d Wh	INJURY (		CE OF INJURY (Home, tory, street, office bldg.,		(City or town)	(County	()	(Stote)

the funeral director. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page Health or its designated o VR A15ME VS

TO DEPUTY

230 BUR AL, CREMATION,
REMOVAL (Specify)
BUT all
24 FUNERAL DIRECTOR George Eichhorn 6M 1/66

death resulted fram.

Memorial Lonaconing, MD.

Accident [

EXAMINER'S Benedict Skitarelic, Cumberlandgres (Mar. cty, town, or county)

Suicide X

21 I certify that I took charge of the remains described above, held an Autopsy 🔀

Natural causes

23b DATE THEREOF

3/3/1966

250 REC D BY REGISTRAR 1966

Inspection X,

Homicide [

CHIEF MEDICAL EXAMINER

ASS STANT MEDICAL EXAMINER

Frostburg MD.

GISTRAR 256 REGISTRARS SIGNATURE

1000 Clearles Jun

(County)

and in my apin on

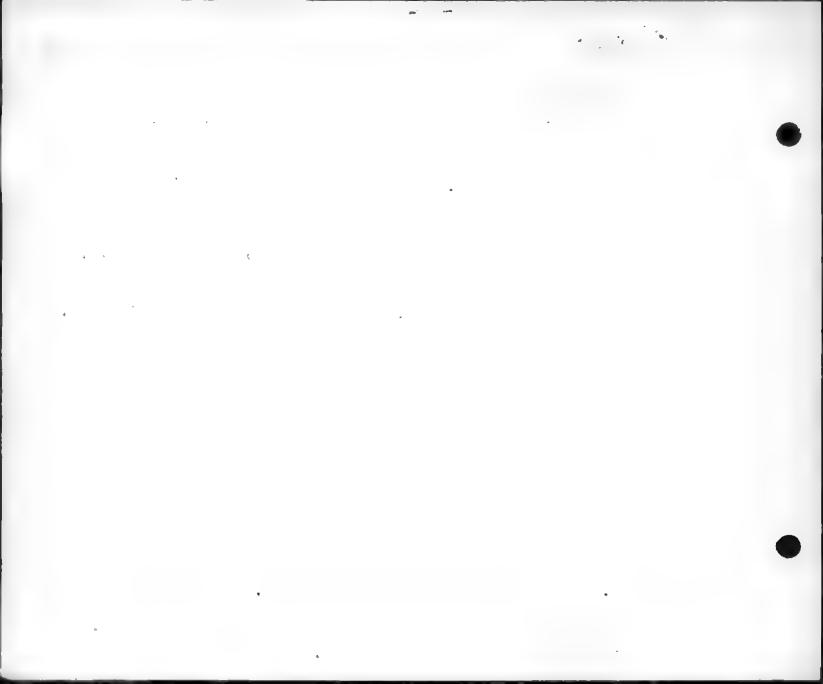
22. DATE SIGNED

Inquiry XX

2/28/1966

Undetermined manner

23d LOCATION (City or Town)

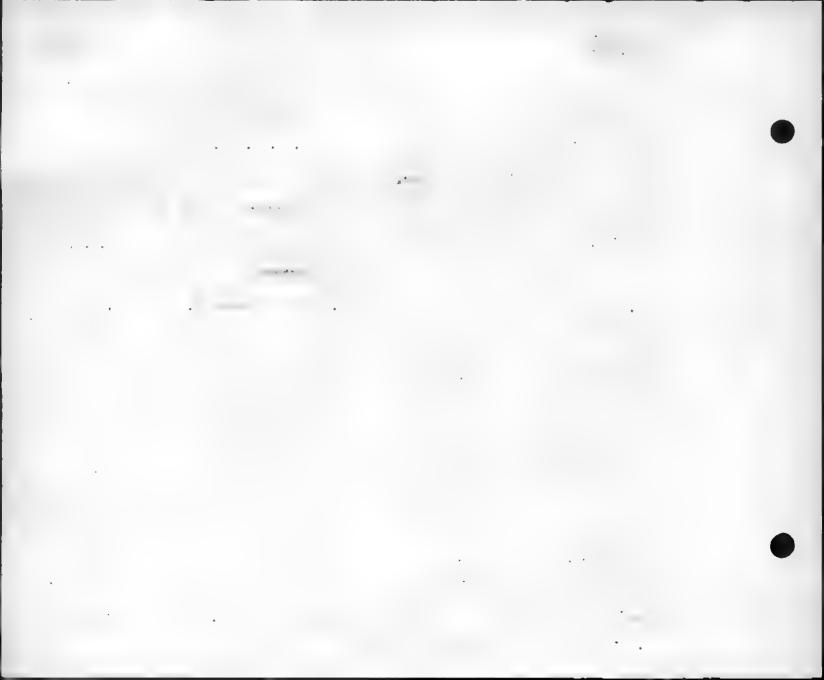


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after dealth. TO NUMPITAL UR ATTENBING RHYSTIAT The law ringuires that the death certificate, be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 1/0 20M 1/65

L			MARYLAND STATE DEPARTMENT OF HEALTH	
	•		STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
V		01619	CERTIFICATE OF DEATH	01563

1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
ALLEGANY MARYLAND	a, STATE b. COUNTY  MARYLAND ALLEGANY
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) CUMBURLAND	DALE THOS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	RAWLINGS  d. STREET ADDRESS  e. IS RESIDENCE
, , , , , , , , , , , , , , , , , , , ,	ON A FARM?
SACRED HEART HOSPITAL	Nr. U. S. Rt. # 220 YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) HANNINK MARY Bertha	GORDON DEATH FEBUARY 27 19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS. last birthday)   Months   Days   Hours   Min.
FEMALE WHITE WIDOWED DIVORCED	June 21. 1890 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewise. Own home	MARYLAND Allegany ILS.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Valuable to a service of the
WTIT.TAM LEASE (D) 15. WAS DECEASED EVER INU.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17.	Margaret MC KENZIE LEASE (D)  INFORMANT  Address
(Yes, no, or unkown) (If yes give war or dates of service)	
No.   None   Mr	s. Elsie E. Haan Rt. # 5 Cumb. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Mastire Cerebis	varuelar tradent Rt.
4 1 - 1 DUE TO AL.	of days.
Conditions, If any, which ) the pertenting (and	iovascular Disease
gave rise to Immediate (	
underly stating the	
(0)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY
ITA	PERFORMED? YES TO NO
20a, ACCIDENT WAS UNDERLYING TI   20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TO CO. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m.  P.m. 19 at work at work at work	United Halard of injury in sort of the Co. of term 2007
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m.  p.m.  19 at work at work	ory, street, office bldg., etc.)
	- 66. 25 1966 to teh 27, 1966 that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased glive on 126 1960 and the	t death occurred at 100 M, from the causes and on the date stated above.
saw the deceased alive on 1965, and tha	it death occurred at 1 Fe 1 m, from the causes and on the date stated above.
	ATTENDING / MED STAFF
22c. PHYSICIAN'S M.	D. PHYS. DIRECTOR PHYS. 3/2/66
NAME (Type) CALVIN Y. HADIDIAN	ALGONQUIN HOTEL CUMBERLAND, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 3/3/66 Biertown Ver	setery Nr. Ravlings, Maryland
24. FUNERAL DIRECTOR ADDRESS	252. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
H. Wayne George Cumberland, Maryland	DATE AR 7 1986 / Le 2003
, , , , , , , , , , , , , , , , , , , ,	I DATE



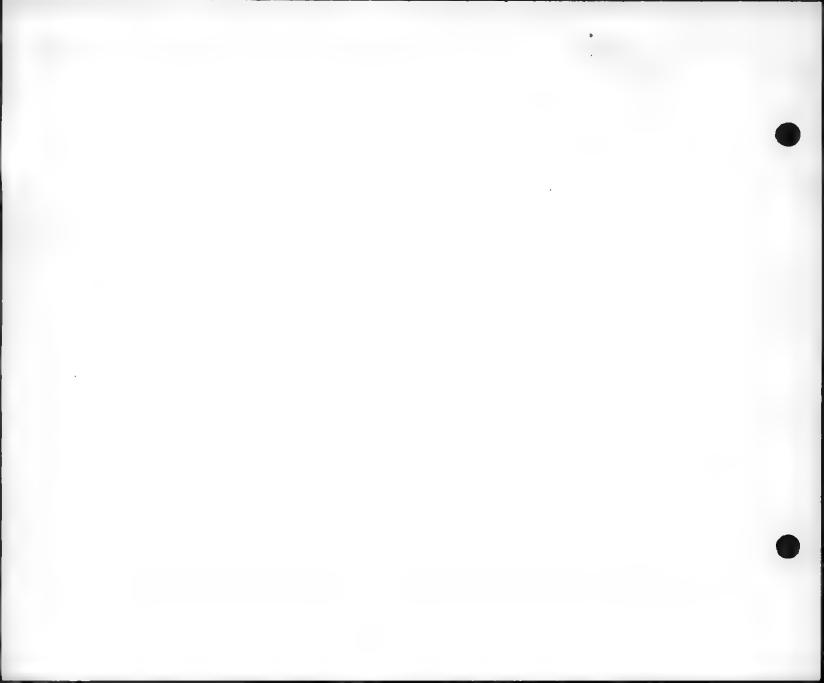
VR A15ME (3)

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	A 10	Mr. ad	4 107 1		

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01566

Dec.	_1_										17 - 0	VV
		PLACE OF DEATH							Where deceased lived, if in		nce before admi	ssion)
,	/	• COUNTY ALLEGANY MARYL			.AND	o. STATE MARYLAND b. COUNTY ALLEGANY						
			f outside corporate l.mi			C LENGTH OF STAY IN	( Ib	CITY OR TOWN (If ou	uts de corporote limits, write	RURAL and giv	ve nearest town	)
		RÜRA	L CUMBERLAI	ND				2000 Y 707	ON CHECK TO THE CH	MRERIAN	ID /	2
	(	d NAME OF HOSP TA	AL OR INSTITUTION (If n	of in h	ospitol, g	jive street address)		d. STREET ADDRESS		\$' <del>}</del>	e IS R	ESIDENCE A FARM?
/		HOM	EWOOD ADDI	TIO	N			200 DEC.	ATUR ST.		YES [	NO X
		NAME OF	F	irs†		Middle		Lost		Month	Doy	100Y
		DECEASED (Type or print)	ROBERT				H	AST	OF DEATH FEE		v . 1	9 66
	5	SEX	6, COLOR OR RACE	7 N	ARRIED	NEVER MARRIED		8 DATE OF BIRTH	9 AGE (In yeo lost birthdo		Dovs Hou	DÉR 24 HRS
		ALE	WHITE	1	IDOWED	D VORCED	X.	NOV.14,1904	61 v	rs		
		JSUAL OCCUPATION	(Give kind of work done			ND OF BUS NESS OR DUSTRY		11 BIRTHPLACE (Stote	or fore gn country)		ITIZEN OF WHAT DUNTRY?	
		LABORER				SELF EMP.		MARYLA			USA	
	13	FATHER S NAME						14 MOTHER'S MAIDEN				
		ALBERT H							LLA REUSCHLI			
	IS. [Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of servi	16 S	SOCIAL SECURITY NO.	17.	INFORMANT		Address		
		NO			1	UNKNOWN	R	OBERT HAST,	JR. BALTI	MORE, M		
		18 CAUSE OF DE	ATH (Enter only one co 'H WAS CAUSED BY.	use per	r line for	1 10 1 10					INTERVAL ONSET AN	
		AKI II DENI	IMMEDIATE CAUSE			CORONARY	000	CLUSION			SUDDE	N
		4 201		TO		CODOMA		TED ORTH			-	
		Conditions, if any, rise to immediate	e couse (a)	(b)		CORONARY	5	CLEROSIS				
		stoting the under	lying couse	E TO								
			CHIERCANT CONDITIONS	(c)	D ITING T	O DEATH D IT NOT DELA	TED TO	THE TERMINA DISEASE COL	NDITION GIVEN IN PART 1(c	1	19. WAS A	ITOPSY
	8	PART OTTER SIG	SHALL COMPLIENTS	CONTR	DOTING	O DEATH BUT NOT KEEP	111111111111111111111111111111111111111	THE TERMINAL D SEASE CO.	OF TAKE PER POSTED PROHITION	,	PERFO YES T	RMED?
0	FICA	20o EXTERNAL CAI	USE WAS		20h DES	SCR BE HOW INTIDA UC	CHERED	(Enter noture of injury in	Part I or Port II of Item 18	1	10 [	ио ХОХ
	CERTIFICAT	PRIMARY ( or CO)			200 00.	200 DE 11011 110001 DE	CORRED	(Enter notate of Injury III	16, 10, 10, 11, 0, 10, 10	1		
	CAL		IRY Month, Doy, Year		20d N	LJRY OCCJRRED	20e PLA	CE OF NJURY (Home, form	n. 20f (City or town	n) (Co	ounty)	(Stote)
	MEDICAL	Hour a.m			While	Not While		ory, street, office bldg., etc		,		,,
		21 Leartifa		o af	ot work		ava he	ld an Autapsy 🗍,	Inspection XX,	Inquiry Xk	and in m	y apinian
		death result	,			Accident .		ide 🗖. Kamicide		The second Secon	יין ווע אווע אווע	y apilitan
		deam resum	ed fidin. Maior	ui cui	Nooy ¥ V	ALCIDEIT [],	3010	CHIEF MEDICAL		i filanisei [		
		ACTUAL SIGNATURE	Danoch	. al		Ketar O	(1)		DICAL EXAMINER		22. DA	TE SIGNED
2		EXAMINER'S	7,5-7 02,000			, 100 000			A. EXAMINERXXX Fel	ruarv	19. 196	6
ì		NAME (Type)	BENED IC	T	SKIT	ARELIC . N	LD.	Address (Street	t, city, town, or county) (1	umberla	nd. Md.	
	230	BURIAL, (REMATIO		EREOF		23c NAME OF CEME	ERY OR		23d LOCATION (City of		(County)	(Stote)
		BURTAL	A Service &	19	56	ST. LUKE	S CE	METERY	CUMBURLAN	DMD		
1	24	. FUNERAL DIRECTOR				ADDRESS			D BY REGISTRAR 25E	REG STRAR'S		
		B)	YRON KIGHT		(	CUMBERLAND	MD	. Inter	2 2 / 1962	Village	en Judy	LE.



hours after death

executed within

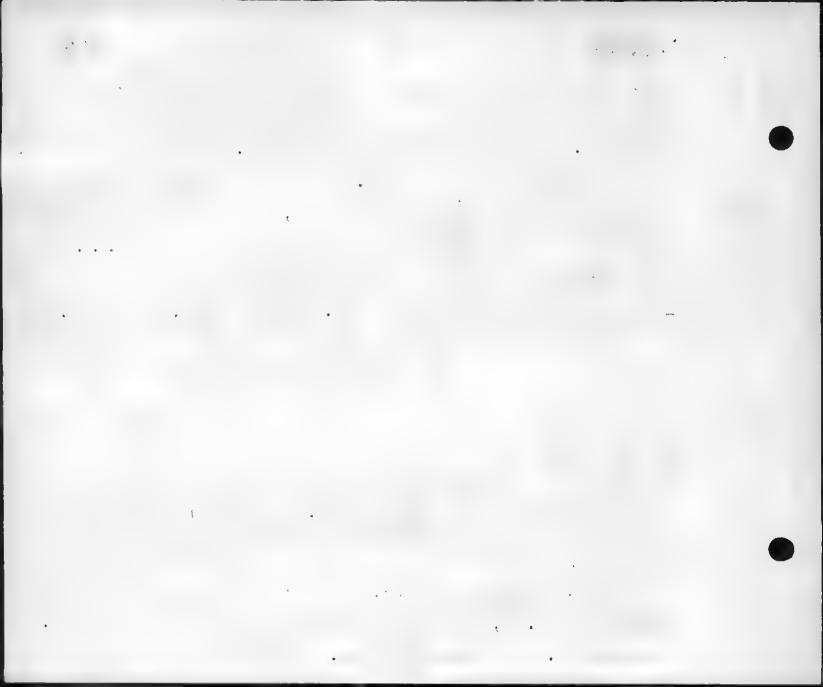
death certificate be

The law requires that the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY a. STATE Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 611 Kent Ave No 1 611 Kent Ave. YES NAME DE DECEASED Year First Middle Last 4. DATE Month AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Inst birthday) Months | Days | House | 14 Hrs. (Type or print) George DEATH February Hazelwood. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ DIVORCED T Male WIDOWED White March 26 1887 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) **CDUNTRY** TI-S-A Construction Contractor England MOTHER'S MAIDEN NAME Ellen Haynes Fred Hazzlwood Address 16. SOCIAL SECURITY NO. Mrs. Margery Hazelwood. 611 Kent INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DISET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corlinomation. DUE TO

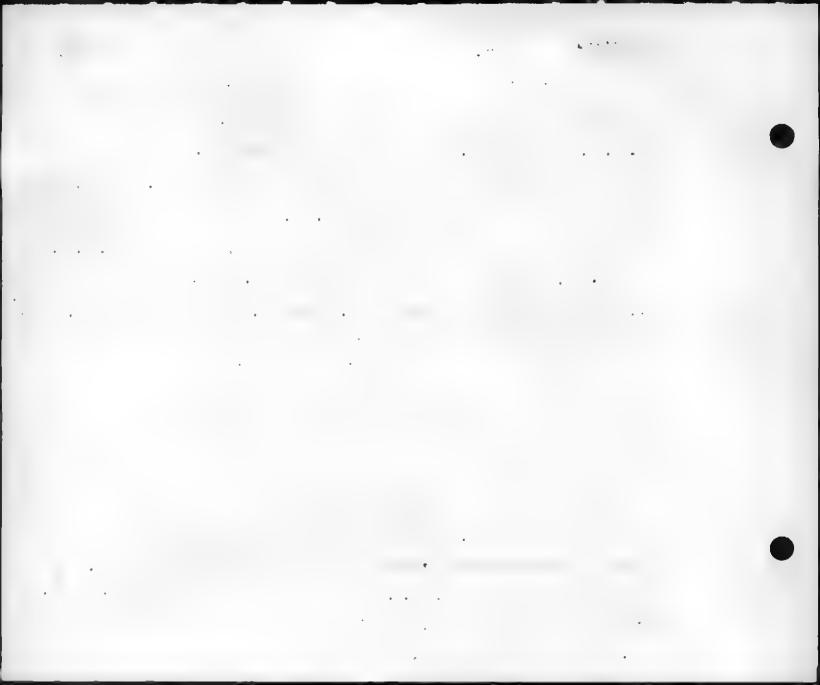
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATI Cordivorosendo disense NO L 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED , 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work While at work n.m. Zor February 60 that (1) (we) last 19 December 49. to 19 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 20 February 19 66, and that death occurred at 32 M, from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR Feb. 1966 (X) M.D. PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) 122 Centre St., Cumberland, (State) BURIAL, CREMATION. **CEMETERY OR CREMATORY** 23d. LOCATION (City, town or county) REMOVAL (Specify) Hillcrest Buriah Park Allegany County 1966 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDR ESS Louis Cumberland Stein Inc. MD

VR A15 (4) c 15M 4-64



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MARYLAND STATE DEPARTMENT OF HEALTH



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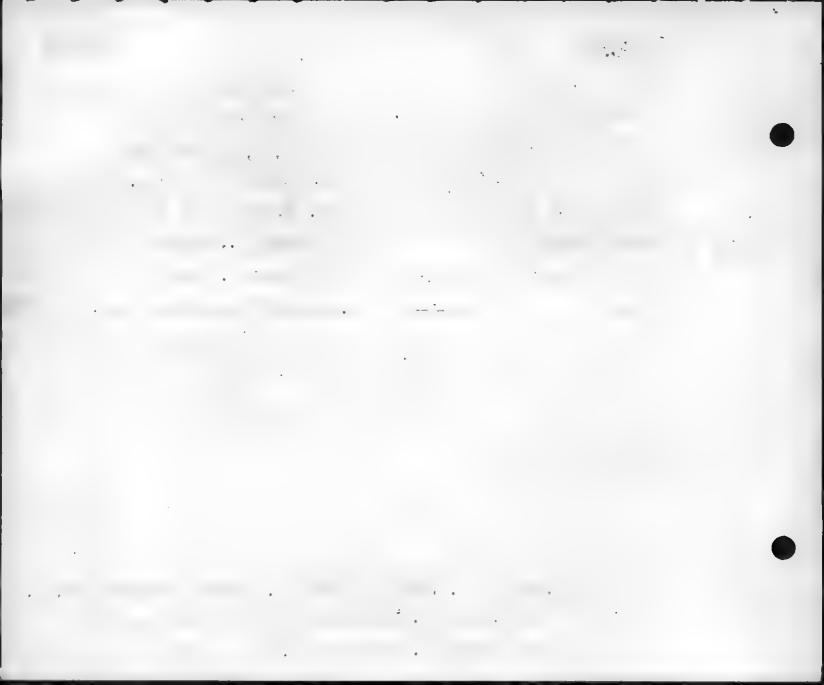
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then least remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removant them any event, within 72 hours after death. Page 4 may be matained by the Illimpital or attending physician.

IN HESPITAL ER HTTEMBING FRYSICAN: The law raquires that The death certificate De exempted within 24 Monts after Death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01623 CERTIFICATE OF DEATH
01569

		VV-V
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	ALLEGANY	a, STATE b. COUNTY
	b. CITY OR TOWN (if outside cornorate limits   Le LENGTH OF STAY IN 1h	c. CITY OR TOWN (IF outside corporate limits, write Runal and give hearest town)
	write RURAL and give nearest town) CUMBERLAND 20 DAYS	CUMBERLAND /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITAL	PT #2 WILLIAMS POAD YES NO
3.	NAME DF First Middle	Last 4. DATE Month Day Year
	DECEASED (Type or print) GEORGE P	HINKLE DEATH FEB. 28 19 66
5.	SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   1	B. DATE OF BIRTH 19 AGE (In years LEUNDER 1 YEAR IT UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	Mar. 12. 1889 (ast birthday) Months Days Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
	ng most of working life, even if retired) INDUSTRY  Retired Surveyor	Allegany Co., Maryland U.S.A.
	FATHER'S NAME	Allegany Co., Maryland USA
	99.9 . 7 9.60 M J	
15.	Edward Milton Hinkle WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Hattie I. Twigg INFORMANT
(Ye	, no, or unkown) (If yes give war or dates of service)	
		. Charlotte Beneen, Hinkle Road, Cumberland
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	O INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	my time Grant Faither
	TAXI DUE TO	
	Conditions, if any, which (b)	lustic Curdiovaculus Durges
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. (C)	
NO	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT		PERFORMED?
Ē	20a. ACCIDENT WAS UNDERLYING FT   20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO LOOK. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
MEDICAL	Hour a.m.   While   Not While   facto	ry, street, office bldg., etc.)
Z.	p.m. 19   at work     at work	12
	21. I certify that (f) (this hospital) attended the deceased from	2~8, 1966, to 2~27, 1966, that (1) (we) last
		death occurred at 145 PM, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	William V Janes MI	DIRECTOR PHYS.   1/6/6
[	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	DR.WILLIAM P. IAMES	OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a.	REMOVAL (Specify)	
	Burial March 3, 1966 Mt. Hermand	Cemetery Near Cumberland Md
24.		001. /. /
يهرا	In J. Anter 230 Balto Ave. Cumber	land WHAR 4 1966 Cleanles Judge

VR A15 (4) 2DM 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the tree to b. COUNTY a. STATE MARYLAND

c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TUWN (if outside corporate limits, MARYLAND Pages C. LENGTH DF STAY IN 1b papers. Pagi nin 72 hours a write RURAL and give nearest town) CUMBERLAND DAYS FROSTBURG E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled H. MEMORIAL HOSPITAL BOX completely we cacoon p First DATE Month NAME DE Middle 4. DECEASED remove card n any event, HOTCHKISS JANE B DEATH (Type or print) 6. CDLDR DR RACE | 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24HRS. DATE OF BIRTH last birthday) | Months | and FEMALE WHITE WIDOWED 18 . 1884 DIVORCED . .5 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please r during most of working life, even if retired)
House Vife INDUSTRY and SCOTLAND 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal JANE MC KENNON SAMUEL BROWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. I permit. 5 (Yes, no, or unknwn) (If yes give war or dates of service) HOSPITAL, CUMBERLAND, MD. No None cremation. 18. CAUSE OF BEATH [ Enter only one cause per line for (a), (b), and (c).] n signed by i burial-transit burial, crema PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) OUE TO Cenditions, If any, which (b) рееп rise to immediate the (a), stating as th underlying cause last. CERTIFICATION PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) nse Health certificate the hospital or jo 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached te Dept. of this WEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) 2Dc. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While After d be d p.m. at work at work retained 79676 to 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the (and that death occurred #12. PM from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE page MEO. DIRECTOR STAFF PHYS. ATTENDING **MOSPITAL** TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. REMOVAL (Specify) Memorial Park Frostburg 1966 REC'D BY REGISTRAR I 24. FUNERAL DIRECTOR 25a.

MARYLAND STATE DEPARTMENT OF HEALTH

dillth. hours after 24 within executad certificate 6 3

VR A15 (4)

REGISTRAR'S SIGNATURE 25b. Miarley

e. IS RESIDENCE

ON A FARM?

Year

19

Hours

ONSET AND OFATH

WAS AUTDPSY

PERFORMED?

NO

(State)

(State)

YES

19 6 C. that (1) (we) last

(County)

22b. DATE SIGNED

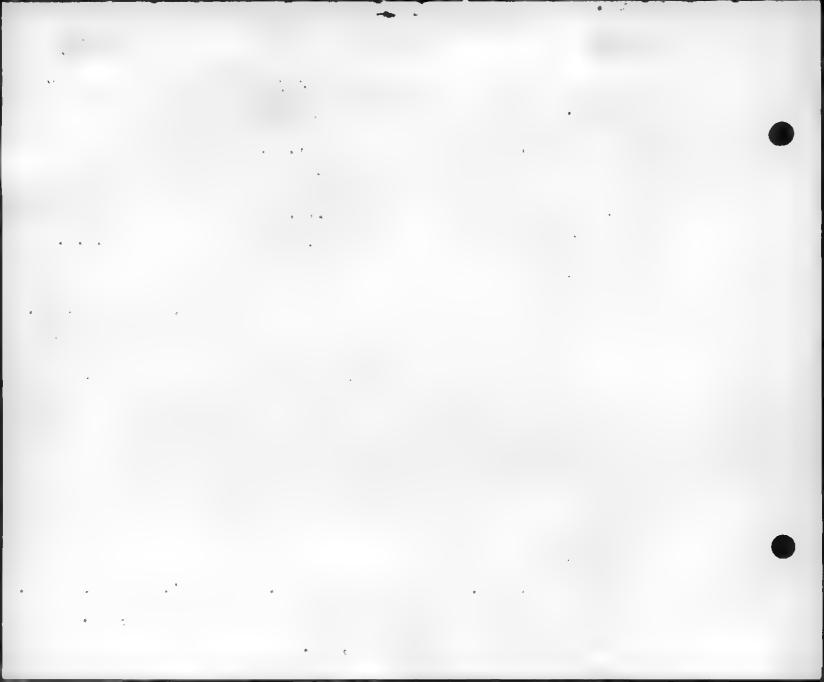
1966

Davs

12. CITIZEN OF WHAT

U.S.A.

6



and 2 death funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate semented within 24 sems after eath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please, thouse carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and it amy event, within 72 hours after 01625
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	DR.	LEY		CERTIFICAT	E OF DEATH	1	01571
1.	PLACE OF a. COUNT	DEATH ALLEGA	ANY	MARYLAND	a STATE.	CE (Where deceased lived, If Institution b. COUNTY AL	Residence before admission)
	b. CITY D write I	R TOWN (if D RURAL and gi UMBERL	utside corporate limits, ve nearest town) _AND	c. LENGTH DF STAY IN 1b	FRO	outside corporate limits, write RUR	
				in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
_	M	EMORIA	AL HOSPITAL		RT.	#1, BOX 490	YES NO
3.	NAME DE DECEASED	)	First	Middle	Last	4. DATE Month	Day Year
-	(Type or p		ELMER	C,	HOVATTER 8. DATE OF BIRTH	DEATH FEBRUARY	2 19 66 ER 1 YEAR    FUNDER 24 HRS.
3.	MALE		TE WIDOV	NEVER MARRIED DIVORCED DIVORCED	3-17-1907	last pirthday) Months	Days Hours Min.
10:	USUAL OC	CUPATION (G	ve kind of work done   10 , even If retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)   12.	CITIZEN OF WHAT
1	(	CELANE	SE CORP.	OF AMERICA	WEST V	IRGINIA	U.S.A.
13	. FATHER'	S NAME			14. MOTHER'S MAIL		
				ATTER	NORA		
15 (Y	i. WAS DECE es, no, or uni	EASED EVER IF kown)   (If yes	U.S. ARMED FDRCES? give war or dates of service)		INFORMANT	Address CHAPERI	4310 140
	N			71/-10-3139	MEMORIAL H	OSPITAL - CUMBERL	
				per line for (a), (b), and (c).]	- 0	4,,	INTERVAL BETWEEN ONSET AND DEATH
	PAR		AS CAUSED BY: EDIATE CAUSE (a)	Bronchoge	ne la	- cinoma	
	/ /	/	DUE TD	()			
		is, If any, w a to Imme	diate /				
		a), stating g cause last.	1				
NO.			1 (4)	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL O	DISEASE CONDITION GIVEN IN PART 10	a) 19. WAS AUTDPSY
CERTIFICATION							PERFORMED?
F	2Da. ACC	IDENT WAS U	NDERLYING 201	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	finjury in Part   or Part    of Item	18.)
	(IF EITHE	R, NDTIFY M	CAUSE OF DEATH EDICAL EXAMINER)				
MEDICAL			Month, Day, Year   20	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fe ory, street, office bldg., e	erm, 20f. (City or town) (C	County) (State)
MED	Hos	ur a.m.		hile Not While at work	1		
	21. 1	certify that	(I) (this hospital) att	ended the deceased from	1/3/1	966 to 7> 19	La, that (I) (we) last
		he deceased	alive on 7	1 19 66, and tha	t death occurred at	in, from the causes and or	
	22a. SIG	NATURE	not	0 /	ATTENDING TOR	MED. STAFF - 22b.	DATE SIGNED
	DD4 DIII	Je .	, I sey	M.	D. PHYS.	DIRECTOR PHYS.	7-7-66 MD-
		YSTCIAN'S ME (Type)	DR. LEO H.	LEY	456 N	. CENTRE STREET	, CUMBERLAND
238	BURIAL	CREMATION	, 23b. DATE THEREDF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or	county) (State)
	Burl		Feb. 4, 196			Near Hyndman, P	enna,
24	- FUNERA	LDIRECTOR	0	ADDRESS		C'D BY REGISTRAR   25b. REGISTR	AR'S SIGNATURE
X	shu y	of they	230 Bal	to Ave., Cumberl	and, Madate	8 7 1966 Milan	elas Judge _

1966

VR AIS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

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	TI AILD RECORDS, DOI III FREDICI
01627	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDE

USUAL RES	SIDENCE (Where decease	ed lived, If institu	Hom Residence befor	re admiss
a. ŞTATE	Haryland	b. COUNTY	Allegany	

		MAHYLAND				
CITY OR TOWN (if outside corporate limits, write RURAL and give peacest town)		LENGTH				
write RURAt and give pearest lown) Cumberland	2	mos	.,1	.8	d	a

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumber land

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

d. STREET ADDRESS

4. DATE

OF

DEATH

Bedford Road

ON A FARM? YES NO 1966

e. IS RESIDENCE

3. NAME OF DECEASED Benjamin (Type or print)

Frank 6. COLOR OR RACE 7. MARRIED NEVER MARRIED

Middle

Huffman B. DATE OF BIRTH March 26, 1881

9. AGE (In years | IF UNDER I YEAR test birthday) | Months | Days

Month

Web.

IF UNDER 24 HRS.

Male White WIDOWED F TOB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

(Yes, no, or unkown) | (If yes give war or dates of service)

Allegany

Sylvan Retreat

DIVORCED [ 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country)

W. Va.

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY! U.S.A.

13. FATHER'S NAME

a. COUNTY

Jobie Huffman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1

17. INFORMANT

Sidney Bennett

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

Mrs. Goldie Crone Cumberland, INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immadiate cause (a), staling the undarlying

DUE TO S

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PAR

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part ( or Part II) of item 18.)

20%, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

20d. INJURY OCCURRED [ Not While

20e. PLACE OF INJURY (Home, farm, ) factory, streat, office bldg., atc.)

MEDICAL 21. I certify that (I) (this hospital) attended the deceased from....

Hour a.m.

CERTIFICATION

Month, Day, Year

Feb. 1

al work at work

20f. (City or town) 19 65 10

(County)

YES 🗍

saw the deceased alive on... 22a. SIGNATURE

19.66 on, and that death occurred at A.M. from the causes and on the date stated above.

ATTENDING PHYS. 22d. ADDRESS

Nov. 15

DIRECTOR

Davis

49 Greene St., Cumberland, Ild.

PERFORMED?

NO [

(Stete)

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

L. B. Mathews. H.D. 23a, BURIAL, CREMATION, | 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, lown or county)

Burial

FUNERAL DIRECTOR'S SIGNATURE

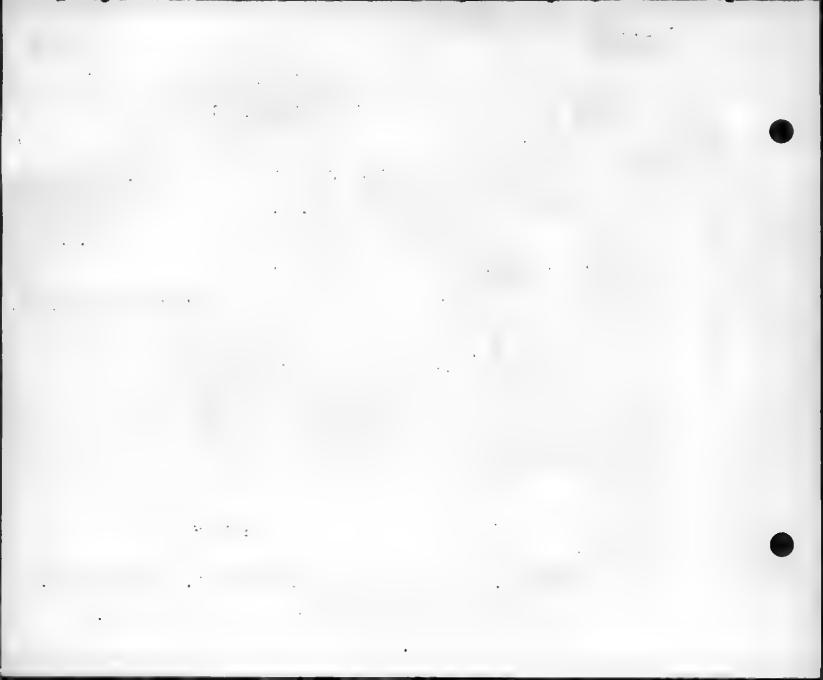
**ADDRESS** Davis.

Davis

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20M S-63





	MARYL DIVISION OF STATISTICAL RESEAR		, 301 W. PRESTO	N STREET, BALTIMORE	1, MARYLAND
_	01629	CERTIFICATI	E OF DEATH		()±() 1 ()
1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If Institut	tion: Residence before admission)
	Allegany	MARYLAND	a. STATE	ryland b. COUNTY	Allegany
		LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write i	RURAL and give nearest town)
	Cumberland	47 years	Cr	mberland	1 1
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	IN OUL LOING	e. IS RESIDENCE ON A FARM?
	937 Maryland Avenue		97	7 Maryland Ave	
3.	NAME OF First	Middle	Last	4. DATE Month	Day Year
	OECEASED (Type or print) Lester	Leo	Jewell	DEATH Feb.	24 19 66
5.	SEX   6. COLOR OR RACE   7. MARRIED	HELEN BENEVILLED	. DATE OF BIRTH	Q ACE (In years LIE)	INDER 1 YEAR I FUNDER 24 HRS.
	Male White WIDOWED	DIVORCED	Dec. 14, 19	64 (ast birthday) Mo	nths Days Hours Min.
108	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
uur		lroad	Strausbur	g, Virginia	USA
13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	Toliver Jewell		Mary Elle	en Higgs	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yes. No. ne unknown)   (15 yes give war ne dates of service)				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		CO	TIZEN OF WHAT UNTRY?		
١.	Laborer	Railroad	- 1	Strausburg, Virginia US	Α		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Toliver Jewell Mary Ellen Higgs							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)						
	no (in Jest) ite was a sales as serie	705-09-9754	Mrs	. Esther Jewell, Cumberland	,Md.Wife		
	18. CAUSE OF OEATH [Enter only one cau	se per line for (a), (b), and (c).]		`	INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	13 roncho	321	ue Corenomo	16 mon		
	Conditions, if any, which \		U				
	gave rise to immediate						
1	cause (a), stating the DUE TO underlying cause last.						
S	(6)	ON TRIBUTING TO DEATH BUT NOT	RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY		
ICATI	_	All parts			YES NO		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
SE	2Dc. TIME OF INJURY Month, Day, Year			CF INJURY (Home, farm, 20f. (City or town) (Cou street, office bidg., etc.)	nty) (State)		
MEDICAL	Hour a.m. p.m. 19	While Not While at work at work	iactory,	, su cot, omcobiug., etc.,			
Ι-	21. I certify that (1) (this hospital)	attended the deceased from	1	Oct. 16, 19 64, to \$ 14, 25 19 6	6 that (I) (we) last		
	saw the deceased alive on 201966, and that death occurred at 2 PM, from the causes and on the date stated above.						
	22a. SIGNATURE	0			ATE SIGNED		
	W & Di	SV	M.D.		6-66		
	22c. PHYSICIAN'S NAME (Type) Dr.W.C.S	plD-le,M.D.		22d. ADDRESS 126 N.Smallwood St., Cumber	land,Md.		

23d. LOCATION (City, town or county)

Jelearles Judge

ark | Cumberland, Md.
25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

(State)

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Scarpelli, Cumberland, Md.

Hillcrest Burial Park

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defin TO HOSPITAL OR ATTENDING PHYSICIAN: The law mquirms that the leath certificate has Page 4 may be retained by the hospital or attending physician. 15M 4-64

Iburs after death.

VR A15 (4)

23a. BURIAL CREMATION, REMOVAL (Specify)

Burial

24. FUNERAL DIRECTOR

James F.

23a.

23b. DATE THEREOF

Feb. 27, 1966



SIITAL FUNERAL director, p should be 1 2 VR A15 (4) 20M 1/65

funeral and 2

and 2 death.

the f

mpletely filled in by the carbon papers. Page ent, within 72 hours at

T.=

n signed by the attending physical burial-transit permit. Then plea burial, cremation, or removal, as

has been se as the bu

for use Health

P 6

be detached State Dept. o 60

After Id be d

DIRECTOR: At age 3 should led with the S

page

certificate

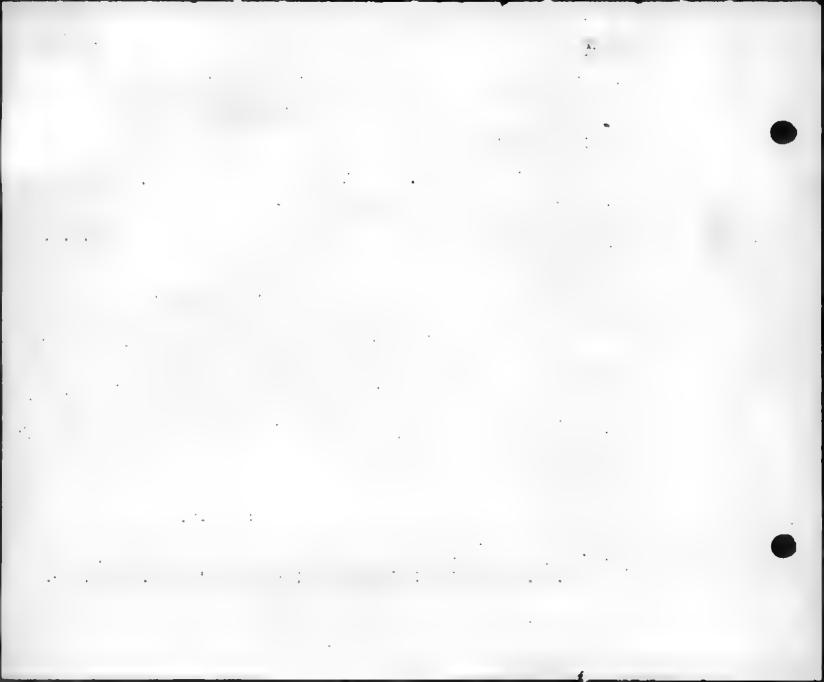
after death.

hours



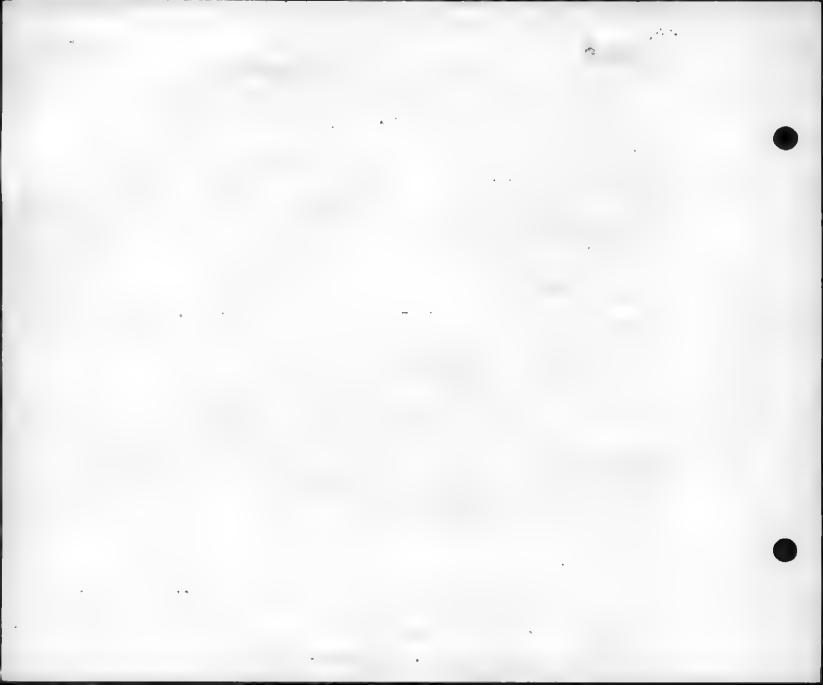
	ווווווווווווווווווווווווווווווווווווווו	N OF STATISTIC		YLAND STATE DI ARCH AND RECORD				E 1, MAR	YLAND
	163	1		CERTIFICAT	TE OF DEATH			U.	19//
PLAC	E OF DEATH					E (Where o	deceased lived, If insti		ce before admission)
	ALLEG	ANY		MARYLAND	a. STATE ST	VIRG	INIA D. COUNT	MINERA	· 1
		N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 15					
	CUMBE	RLAND		3 DAYS	WILEY	FOR	D	0 -	
				ospital, give street address	d. STREET AOORESS				e. IS RESIDENCE ON A FARM?
	ME MOR	PIALM HOS	PITAL						YES 🔼 NO 🗌
. NAM	E OF ASED	FI	rst	Middle	Last	4. DATI	E Month	Da	y Year
	or print)	NORA		V. K	LINE	OF DEAT	TH FEB.	7	19 66_
. SEX		6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	!		UNDER 1 YEA	R IF UNDER 24 HRS.
FE	MALE	WHITE	WIDOWED	DIVORCED [	JULY 8-19	09	9. AGE (In years 11) 6 ast birthday) W		
Oa. USU/	AL OCCUPAT	ION (Give kind of work ing life, even if retire	done   10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Co		te, or foreign country)	12. CITIZE	N OF WHAT
	usewi			)wn Home	MARYLAN	D Cu	mberland	U.	RS.A.
3. FAT	HER'S NAM	Ε			14. MOTHER'S MAID	EN NAME			
0	LIVER	OWENS			JENNIE '	TROU	TMAN		
15. WAS	DECEASED E	VER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.   17	INFORMANT		Address		
no	an gilkumity	(11 Jes gire was or pates (	a scarriecy		MEMORIA	AL H	OSPITAL		
18.		DEATH (Enter only on ATH WAS CAUSED BY IMMEDIATE CAUSE	· C.	ine for (a), (b), and (c).]	Correct			IN OF	TERVAL BETWEEN USET AND DEATH
	,	DUE	(4)	- u corsoni					
Cenc	litions, if		( )	ent Pulse	9. Pouc				3 da
gave	rise to	Immediate (	(b) LL	in the second	7		1	./-	8
	e (a), st erfying caus		()6	to a Chia	3 Man RELL	1:15	Concruya	Men	a gous.
		- /	ONS CONTRIB	UTING TO DEATH BUT NOT RE	LATED TO THE THEM INALD	DISFASECO	INDITION GIVEN IN PA	RT 1(a) 119	. WAS AUTOPSY
5	Dieh	A malle	ti	Ta teams lond:	Car Sellas	u.bu	Maga O		PERFORMED?
20a.	ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	Injury In	Part I or Part II of	Item 18.)	
OR C	ONTRIBUTI EITHER, NOT	NG CAUSE OF DEA	TH NER)						
20c.		NJURY Month, Day,	Year   20d. I	NJURY OCCURRED   20e. P	ACE OF INJURY (Home, fa	rm, 20f.	(City or town)	(County)	(State)
3	Hour a.n		While at wor	MOT WHITE	tory, street, office bldg., et	tc.)			
2				ed the deceased from_	1454 70	9.00 1	D W Feb	1966	that (I) (we) last
		eased alive on $\nearrow$	4 /	1 /	at death occurred at	59. 1	from the causes a	,,	
22a.	SIGNATUR		1	, /	at double paper to a			22b. DATE S	
	SIN	Aller.	Mit	e/10 "		MED. DURECTOR	STAFF PHYS.	3/8	160
22c.	PHYSICIA NAME (T)	PEDR. G. C	VERTO	80	GHT 22d. ADDRESS V	IRGII	VIA AVE.	CUMB.	MD.
1 3a. BU	RIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d.	LOCATION (City, tow	m or county)	(State)
Bu	MOVAL (Spe rial	Feb.11	1966	Sunset Memo	rial Park	Cu	mberland.	_M.a	
24. FU	NERAL DIRE		A11:	ADDRESS	25a. REC	C'D BY RE	GISTRAR 25b. REL	istrar's si	NATURE
	valle.	or. Scari	elli,	Cumberland,	Ma. DATEE	14	1966 //	Corres	1 0

VR ALS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. ~ ( 1	0163	2		CERTIF	FICATE	OF	DEATH			().	1579	
within 24 hours after death.  tely filled in by the funeral rban papers. Pages 1 and 2, within 72 hours after death.	DE COUNTY ALL	gany		MAR	YLAND	2 USUA a. ST.	AL REMONITY (N	<b>P</b> 13 C eceosed	d lived, f institut b COU	4 107 5.4	e before odm s Llegany	sian)
urs afti yy the Pages urs aft	b CITY OR TOWN	(If autside carparate limit at give pearest town)	s,	LENGTH OF STAY			OR TOWN (If out umberlan		lımits, write RU	RAL and give	nearest tawn)	,
nin 24 haurs a filled in by th papers. Pag thin 72 hours c		tal or institution (if e	at in haspit <b>a</b> l, g	ive street address)			et address				e IS RE ON A YES	SIDENCE FARM? NO
withir etely fill groon property.	3 NAME OF DECEASED (Type or print)	Mary Virgi	nia	Middle K	Irnaya	3	Last	4 DATE OF DEATH	Man Febru	ary	I8 ,	Year 9 66
be executed within ond completely fire remove scribon in any with	female	6 COLOR OR RACE white	7. MARRIED 3 WIDOWED	NEVER MARRIE		DATE 0	F BIRTH	9	AGE (In years burthday) Yrs.	Manths 1	YEAR IF UND Days Haur	ER 24 HRS Min.
ertificote be e physicion on ien pleose re ieval, ond in c	10a USUAL OCCUPATION MORE HOUSEWILL	(Give kind of work dane of te, even if retired)		ND OF BUSINESS OR DUSTRY			THPLACE (County & West Vi			12. CIT CO. U	ZEN OF WHAT INTRY? S A	
ifico iysic al, c	13. FATHER'S NAME					14. MO	THER'S MAIDEN N					
certifi g phy Then I		Isaac Par	ker					1 Gran				
he death ce attending p permit. The	(Yes, na, ar unknawn <b>NO</b>	ER IN US ARMED FORCES? (If yes give war ar dates	of service)	OCIAL SECURITY NO 214-07-377		Pati	lents ch	art_ C		aya, l		
The low requires that the death certificate be attending physician. has been signed by the attending physicion or se os the buriol-transit permit. Then please rith prior to buriol, cremation, or re≡aval, and in	PART I. DE  // 9 3  Canditians, if ar nise to immedio stating the una	erlying cause	(o) TO (b) TO (c)	Milum					Cumber	land,	DASEL AND	DEATH
IAN: rol or ficote for u f Heal	20a. ACC DENT W OR CONTRIBUTIN	AS UNDERLYING  GCAUSE OF DEATH	sal A	O DEATH BUT NOT REI	~ ·		<u> </u>				19. WAS AT PERFOR	JTOPSY RMED? NO Z
NG PHYSICIAN:  the hospital or er this certificate edetached for a ofe Dept. of Hea	20c TIME OF IN	.m. 19	While at wark	at work []	facto	ary, street,	JRY (Hame, farm, affice bldg., etc.)		(City ar tawn)	(Cau		(State)
R ATTENDING retained by the ECTOR: After a should be dwith the Stote	saw the	tify that (I) (this had deceased alive on_'	spital) attend 2 — 18	led the deceased	fram and that	t death	accurred at	9 <u>/26_</u> , to M,	from causes	and an th	ie date stat	(we) las ed abave
	22a. SIGNATUR	been 18	ning		J.M	). PHYS	NDING ADDRESS	MED. DIRECTOR [	STAFF PHYS.		TE SIGNED - 19-6	6
PITAL OI I may be ERAL DIR pr, page d be filed	22c. PHYSICIAN NAME (Typ	e) Let	vis Bri				57 Gr		St., Cur		n <b>d,</b> Md	
TO HO Page TO FUR direct	23a BUR AL (REMAT REMOVAL (Speci Burial 24 FUNERAL DIREC	Feb. 2	1, 1966	ADDRESS	st Bu	rial	Park 250 RECD	Cum By Registra			(County) legany GNATURE	(State) Md.
VR A15 (4)	John J. 7	taker. 23	O Balto	Ave. Cu	mberl	and.	MONTEB	2.3 19	366	12.0	T. da	4



## HEAL

cessary, EXAMINER: This certifies aloue be executed within 24 hours after death. If any delay the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 TO DEPUTY MED please execute

x.)		*		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	ATE	1	+	11538 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (11581)
LTH	DEPT	70	/1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  6. COUNTY  6. STATE  D. COUNTY
g .				Allegany Maryland Maryland Allegany  b. CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
may .	dea	Wils Ailei uca		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Cumberland  2 Viceks Cumberland
(C)	uepartment after death.			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give straet eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Page	State			Memorial Hospital   511 Cumberland Street   YES   NO 60
	72 h		3.	NAME OF First Middle Last 4. DATE Month Dey Year DECEASED (Type or print)  John Adam Kuhley DEATH February 13 19 66
B (			5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS. last birthday) Months   Days   Hours   Min.
Ē /				le White WIDOWED DIVORCED June 14.1890   75 yrs.
A A	event		dur	ing most of working life, even if retired) INDUSTRY COUNTRY?
along group	pages in any		13.	Retired Railroad Conductor Cumberland, Maryland U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
3	File pa and in			John A. Kuhley Lydia Lyon
r's Off	permit. Fil removal, a		(Ye	Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unknown) (If yes gire war or dates of service) 711-03-0016 Mrs. Ethel Domm Cumberland, Md
xamine	er rem			18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CHRONIC MYOCARDITIS  INTERVAL BETWEEN ONSEL AND DEATH  DATS
ica :	a burial-transit cremation, or			Conditions, if eny, which )  DUE TO  ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
ef Me	a buri			geve rise to immediata course (e), stating the DUE TO
he Chi	used as a to burial,		VLION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ded to	id be us prior to		CERTIFICATION	YES NO A  20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  AUSE OF DEATH.
4 should be forwarded to the Chief Medical Examiner's Office along with form ur files.	3 should be agent, prior		MEDICAL C	20c. TIME OF INJURY Month, Day, Yaar Hour a.m.  p.m. 19  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, streat, office bidg., atc.)  factory, streat, office bidg., atc.)
P ,	Pagi nated		2	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection _X, Inquiry _X, and in my opinion
shoul files.	TOR: lesig			death resulted from: Natural causes Accident , Suicide , Homloide , Undetermined manner
a 0	. DIRECTOR: Page or its designated a			ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	Funeral di f Health of i			EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. DEPUTY MEDICAL EXAMINER X February 13, 1966 Address (Street, city, town, or county Cumberland, Md.
director. retained	10 FU		23a	REMOVAL (Spacify)
	2		24.	Burial 2/15/66 Lake Park Cemetery Youngstown Ohio FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
R AISA	AE (5)			Ruth E. Silcox Cumberland Maryland 21502 DEEB 15 1966 Plants Judge

1/65 5M



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. completely filled in by the fonetal

carbon papers. Pages 1, and 2 ent, within 72 hours after gath. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please temo should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it and

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL PROPERTY OF DEATH DR. GROVE

	- X-2				
1.	PLACE OF DEATH		2. USUAL RESID	ENCE (Where deceased lived, If Inst	itution: Residence before admission)
	a. COUNTY ALLEGANY	Blanco and	a. STATE	MARYLAND b. COUN	The second secon
	b. CITY OR TOWN (if outside corporate limits.	MARYLAND c. Length of Stay in 1b		(If outside corporate limits, wri	ALLEGANY
	write RURAL and give nearest town)				to working the gire hearest town,
	CUMBERLAND	51 DAYS		MBERLAND	- i I
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d, STREET ADDRE		e. IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITAL		311	ARCH STREET	YES NO X
3.	NAME OF FIRST DEGEASED	Middle	l.ast	4. DATE Month	Day Year
	(Type or print) GLADYS	IRENE	LAM	DEATH FEBR	MARY 4 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X 8	B. DATE OF BIRTH	1 4 64-4643  -	IF UNDER 1 YEAR IF UNDER 24 HRS.
-	EMALE WHITE WIDOWED		-11-1909	last birthday) 60 yrs.	Months Days Hours Min.
10a		IND OF BUSINESS OR	11. BIRTHPLACE	(County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	5.0	.OF EDUCATIO	N CUMBE	RLAND, MD.	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S M		
	CHARLES H. LAM		L.Ε1.1Δ	C. BENNETT	
	. WAS DECEASED EVER INU.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	Address	S
(Ye	(If yes give war or dates of service)		(EMODIA)	HOCOLTAL CHAD	SPI THE ME
			MEMORIAL_	HOSPITAL - CUMB	
	18. CAUSE OF DEATH [Enter only one cause per li	1 -1 -			ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oftone 2 V	24 66776	10-26	1-12
	DUE TO 3 A			. 11 00	1 "
	Conditions, If any, which	0- 12 xx 16 0.	11/32	night Ched	5 right
	gave rise to immediate	111-A 6	20		U
	underlying course last	100.00			
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN F	ART Ha) 19. WAS AUTOPSY
AT	***************************************				PERFORMED?
Ĕ	2Da. ACCIDENT WAS UNDERLYING [1] + 20b. D	ESCRIBE HOW INNER ACCID	DDED /Enter nature	of Injury in Part I or Part II of	
CERTIFICATION	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LOOKIDE HOW HOOK! OUGO	Mero, fruitos sucur	of figury in the control of	1000 200
K	20c. TIME OF INJURY Month, Day, Year   20d. IN	NJURY OCCURRED   20e. PLAC	CE OF INJURY (Home	e, farm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While	- NOT WALLS	ry, street, office bldg	,, etc.)	
Z	p.m. 19 at work	-	1 11 1	-17 -70/100	
	21. I certify that (I) (this hospital) attende		well.	1962, to 2004	_, 1966, that (I) (we) last
	saw the deceased alive on	3 19 Lade, and that	death occurred a	t 2:44) from 4A9 causes a	and on the date stated above.
	22a. SIGNATURE		ATTENDING TO	MED. STAFF	22b. DATE SIGNED
	815 Miles	2712 M.D	. PHYS.	DIRECTOR PHYS.	
	PHYSICIAN'S NAME (Type) DR. DONALD B	CDOVE	22d. ADDRESS		MDEDI AND MO
	NAME (Type) DR. DONAL D B	. GROVE	122 S.	CENTRE ST., CU	MBERLAND, MD.
23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)

U. I

Cumberland, Md.

B. Cemetery

25a.

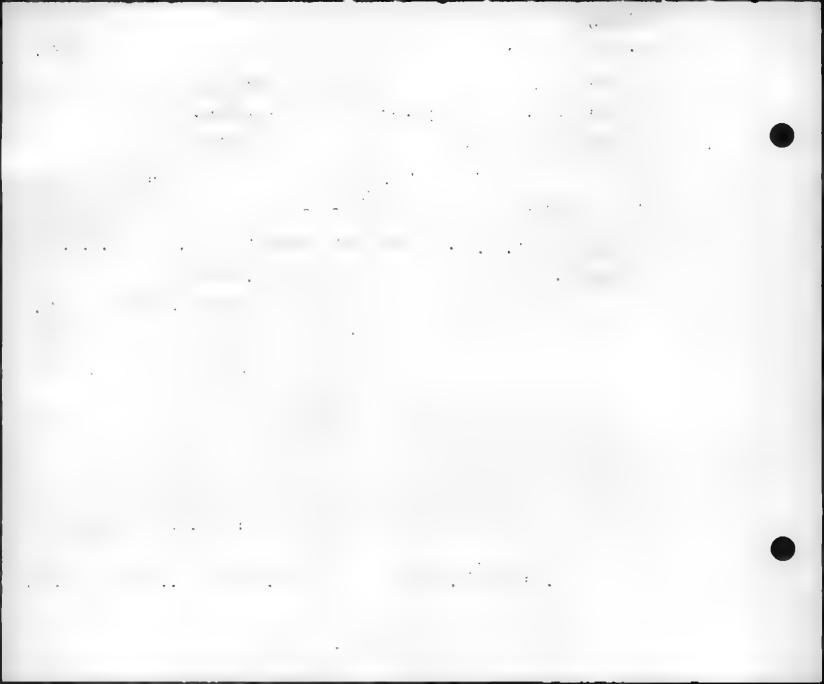
DATE

Shenandoah Vinginia REC'D BY REGISTRAR | 25b. REGISTRAR S SIGNATUR

VR #15 (4) 20M 1/65

Burial 24. FUNERAL DIRECTOR

James F. Scarpelli,



TO MOSFIEM OR ITTENDIAL MYSICIAN. The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. There rease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	<ul> <li>DIVISION OF STATISTICAL RESEARCH AND RECORDS</li> </ul>	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	01635 CERTIFICAT	E OF DEATH 01582
¥.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
1	ALLEGANY	MARYLAND b. COUNTY ALLEGANY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	CUMBERLAND 5 DAYS	CUMBERLAND  d. STREET AGGRESS  6. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  MEMORIAL HOSPITAL	ON A FARM?
		3 1 ARCH ST. YES NOT
3.	NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Day Year OF TEBRUARY 21 19 66
5.		9 OATE OF DIDTH 10 ACE /In years   I FINDED 1 YEAR HE HADED 24 MPS
	FEMALE WHIEE WIDOWED X DIVORCED	12-13-1880 Brithday) Months Days Hours Min.
dui	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR ring most of working life even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   10b. KIND OF BUSINESS	VIRGINIA-Shenandoah U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE BENNETT	MARY RINICA
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, Ro, or unknown) ((If yes give war or dates of service)	INFORMANT Address
		MEMORIAL HOSPITAL, CUMBERLAND, MD.
	18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) June 1981	if remera Vern 4days
	Cenditions, If any, which \ DUE TO Male Male	ent Ristof Men 3 was
	gave rise to Immediate	
	cause (a), stating the DUE TO THE CONTROL OF THE CO	deter 5ym
NOL	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICAT		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA Hour a.m. While Not While factor at work at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)  20f. (City or town) (County) (State)
-	21. I certify that (i) (this hospital) attended the deceased from	Dee 20 , 1965 to Feb. 2/ , 1966, that (1) (we) last
	saw the deceased alive on 72 20 1966, and tha	it death occurred at 5:40,40m the causes and on the date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF 22D. DATE SIGNED
	22c. PHYSICIAN'S	
	NAME (Type) DR. CLAY DURRETT	236 VIRGINIA AVE.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Feb. 24, 1966 E. U.B. Cemet	erv Shenandoah, Virginia
2	Funeral director Address James F. Scarpelli, Cumberland. Md.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	ogmen og ir berrr' ogmnetrang 'ng'	DAFE B 2, 3 1965

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deally mertificate in exaculted mithin 24 flours affer meath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicians of completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please lengove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the event, within 72 hours after peach.

,	DIVISION OF STATISTICAL RESEARCH AND RECOR	DEPARTMENT OF HEALTH RDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
- 6	01536 CERTIFICA	ATE OF DEATH	
1.	PLACE OF DEATH  a. COUNTY  ALLEGANY  MARYLAN	2. USUAL RESIDENCE (Where deceased fixed, If Institution; Residence before admission, b. COUNTY MARYLAND ALLEGANY	)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  3 DAYS		ī
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address MEMORIAL HOSPITAL	ess) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?	
3.	NAME OF DECEASED (Type or print) CARL E.	Last 4. DATE Month Day Year  LANDIS DEATH FEB. 28 19 66	
5.	MALE WHITE WIDOWED DIVORCED	AUGUST 28, 1906 59 yrs.	
10a dur	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Railroad Railroad	MARYLAND_CUMBERIAND 12. CITIZEN OF WHAT	
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	RUBEN LANDIS	CLARA LOGUE	
(Yi	S. WAS DECEASED EYER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of service) no	17. INFORMANT Address  MEMORIAL HOSPITAL	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	Væsular lóv i clost  Interval Between ONSET AND DEATH 3 Deary	- ·
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OCCURRED. (Enter nature of injury in Port 1 or Part 11 of Item 18.)	= 1
L CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICA	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e.   Hour a.m.   While   Not While   p.m.   19   at work   at work	PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (State)	_
	22c. PHYSICIAN'S G. OVERTON HIMMELWE	that death occurred at M, from the causes and on the date stated above  M.D. ATTENDING MED. STAFF 22D. DATE SIGNED  M.D. PHYS. 3  RIGHT 133 VIRGINIA AVE. CUMBERLAND.	2.
23	Burial March 3, 1966 Davis Me	emorial Park   23d. LOCATION (City, town or county) (State)	
24	James F. Scarpelli, Cumberland, Md.	DATEAR 4 1966 Palanley Judge	

VR AIS (4) (1) (20M 1/65

-53:10 P.M. Feb 66

A MMELWRIGHT 133 VIBCIT

2, 1966 Davie.

odarpell4

**Division of STATIST** 

To DEPUTY MET. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. retained for your files.

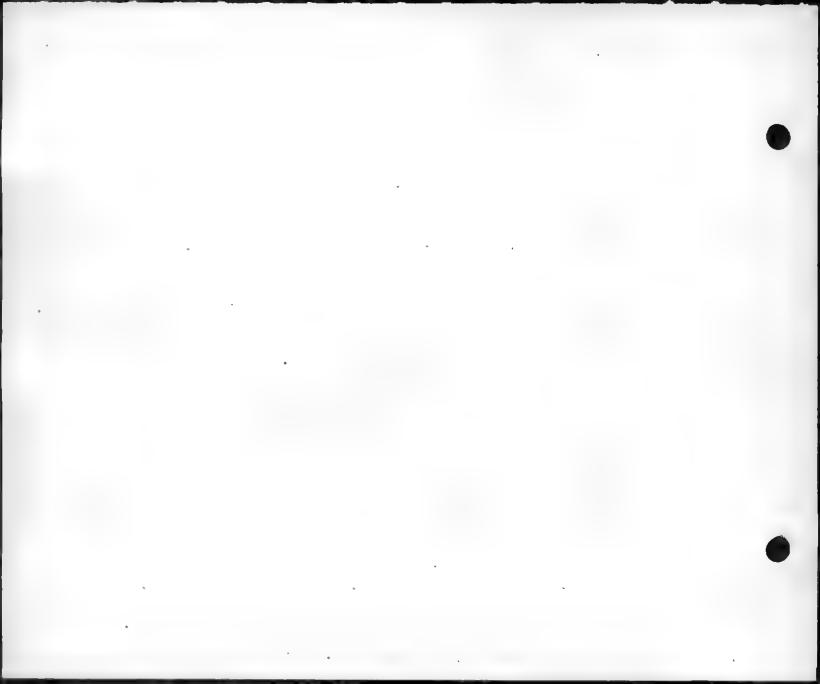
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

0

VR ALSME (5) 5M T/65

			STATE DE					
ICAL	RESEA	RCH AN	D RECORD	S, 301 W. P	RESTON	STREET	, BALTIMORE	I, MARYLAND
			INEDIC					11561

	01537		MEDIC	AL E	XAMIN	ER'S	CERTIFICA	ATE (	OF DEA	TH	01	584
1.	PLACE OF DEATH a. COUNTY		Legany	-	МА	RYLAND	2. USUAL RESID	Mary		b. COUNTY	len: Residence	
	b. CITY OR TOWN	_		, C.	LENGTH OF ST	TAY IN 1b	c. CITY OR TOWN	(if outs				
-	d. NAME OF HOS	nberland PITAL OR INSTI	TUTION (if no	t in hospi			d. STREET ADDRE		or raile			. IS RESIDENCE
	Sac	ered Hea	art Hos	spita	1			217	Dexter	Place		ON A FARM?
3.	NAME DF DECEASED (Typa or print)		First Willia	am	Middle J.	I	Last Langley	4.	DATE OF DEATH	Month Feb.	Day 2	Yeer 19 66
	sex Male	6. COLOR OR R White	WIDO	WED 🔀	NEVER MARR	CED 🔲	Feb. 8,	1890	75 lest	Mon	ths Days	Hours Min.
		tired Ca	work done   1 etired)   rman		of Business STRY .lroad	OR		erla	nd, Md	1	COUNTRY USA	OF WHAT
	. FATHER'S NAME	Unkno					14. MOTHER'S N		nown			
(Y	es, no, or unknown)	(If yes give war or d	lates of Service)	705-	05-774	4 Mi	informant ss Marga:	ret	O'Donn	Address ell,Bal	timore	∍, Md•
		TH WAS CAUSE	O BY:	per line f	or (a), (b), and CORON		OCCLUSION	1			ONS	RVAL BETWEEN ET AND DEATH OURS
	Conditions, if a	ny, which	OUE TO (b)		CORO	NARY	SCLEROS	[S				
	gave rise to cause (e), sta underlying cause	iting the	OUE TO									
CATION	PART H. OTHER SI	GNIFICANTCON	OITIONS CON	TRIBUTIN	G TO OEATH BU	T NOT RELA	TEO TO THE TERMIN	AL OISEA	SECONOITION	I GIVEN IN PART	1(a) 19. YE	WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. EXTERNAL PRIMARY OF C CAUSE OF DEATH	CAUSE WAS ONTRIBUTING (	2	b. DESC	RIBE HOW IN	JURY OCCU	RREO. (Enter nutur	e of inju	ry In Part I o	Part II of Ite	m 18.)	
MEDICAL	20c. TIME OF II Hour 6.m. p.m		V		Not While at work	20e. PLA facto	CE OF INJURY (Homery, street, office bid)	e, farm, g., etc.)	20f. (City o	r town)	(County)	(State)
-	21. I certify	that I took cl	arge of the	remains	described a	above, hel	d an Autopsy 🗌	, Ins	pection 🕱	, Inquiry	🗶 , and	in my opinion
	death resulte	d from: Na	tural causes	<b>PES</b> ,	Accident [	_, Sui		nicide [		termined mar	ner	
	ACTUAL SIGNATURE	Exsodi	ets	kita	relic	/	CHIEF MED M.O. ASSISTANT	MEDICAL	EXAMINER	_ 2-4-1	966 22.	DATE SIGNED
	EXAMINER'S NAME (Type)				tareli.		D . Address (St	reet, city	(AMINER Z			erland
230	BURIAL, CREMA REMOVAL (Spec Burial	rifon, 23b. Delfy) Feb.					or crematory		Cumber	N (City, town o	•	(State)
24	. FUNERAL DIREC				AOORESS		25a.	<b>REC'0 8</b>	Y REGISTRAR	25b. REGIS	TRAR'S SIGN	
	Jan	nes F. S	carpel	Lli,	Cumber	land,	Md. DATE	EB 8	1600	1/	- 1, 9	Entry En



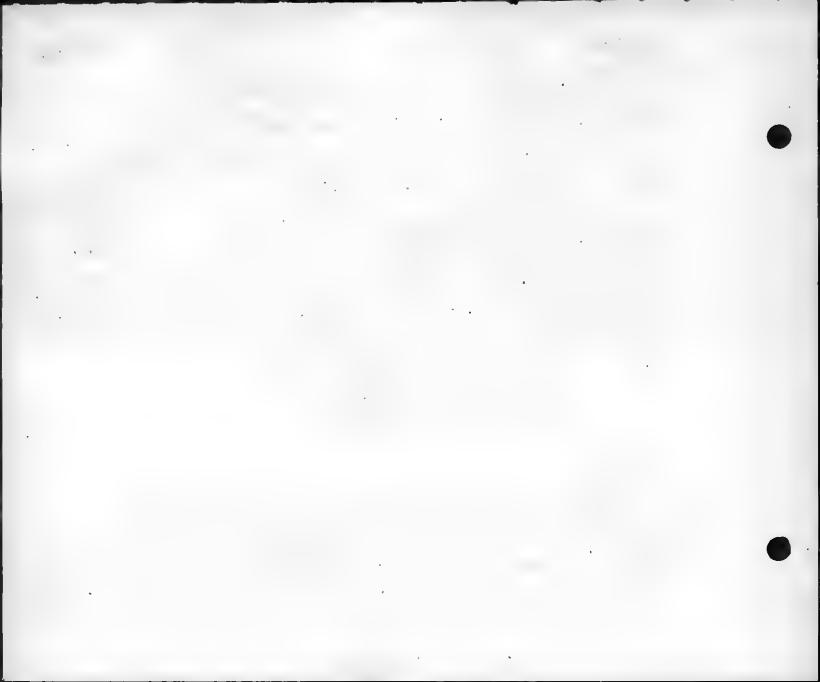
## FOR STATE HEALTH DEPT.

state within 24 hauss after death. If any delay cessary, ig' in pencit in item 18. Give Pages 1, 2, and 3 to the funcial Examiner's Office along with form PM3. Page 5 may be ransit permit. File pages 1 and 2 (in the State Department on, or removal, and in any event writing thours after deapt.

is certificate should be ""	writing the word "pending	arded to the Chief Medica	retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-ti	, prior to burial, crematic
EXAMINER: Th	certificate,	4 should be forward	our files.	ECTOR: Page 3 sho	s designated agent
TO DEPUTY MEL	please execute	director, Page	retained for yo	TO FUNERAL DIR	of Health or it
	V	R	A15/	ME	(5)

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH. 01595

1	I. PLACE OF BEATH  8, COUNTY				nstitution: Residence before admission)				
1	A11	er a him	a. STATE	b. COU	Allegany				
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Y IN 1b	c. CITY OR TOWN (IF	yland outsida corporete ilmits, v	rita RURAL and give nearest town)				
	Cumberland 65 Years		Cumberla	nd	. A				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street e	oddress)	d. STREET AODRESS	4.504	a. IS RESIDENCE ON A FARM?				
	301 Holland Street		913 Zihl	man Way	YES NO K				
1	B. NAME OF First Middle DECEASED		Lest	4. DATE Mon	th Day Year				
	(Typs or print) Frank Herman		Lilva	DEATH Februa	ary 28 19 66				
!	6. COLOR OR RACE 7. MARRIEO NEVER MARRIE	D	B. DATE OF BIRTH	9 AGE (In vasre	LIFTINGER I VEAR HELINDER 24 HRS				
	Male White WIOOWED DIVORCE	D [77]	April 11. 1	lest birthday)	Months Deys Hours Min.				
3	Da. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OF	₹		tate or foreign country)	12. CITIZEN OF WHAT				
,	Retired Glass Worker		Down and man		U.S.A.				
	13. FATHER'S NAME		Pennsylva	DLA EN NAME	U <sub>0</sub> D <sub>0</sub> R <sub>0</sub>				
	Frank H. Lilya			Beda Eck					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO	0.   27.	INFORMANT	Addre	955 913 Zihlman Way				
- [	Yes, no, or unknown) (If yes give war or dates of service) 214-05-4514	ดใช้	ss Ellen Li	1 ***	713 AINIMAN Way				
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)		22 ETTell III	Lya	Cumberland, Md				
	PART I. DEATH WAS CAUSED BY:		OTHETON		ONSET AND DEATH				
	IMMEDIATE CAUSE (a) COROLLARY	. 00	CLUSION		SUDDEN				
	440 OUE TO		ATT - ATT						
	Conditions, if any, which   CORO JARY SCLEROSIS   gave rise to immediate								
н	cause (e), stating the 2 OUE TO								
	underlying cause last. (c)								
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN I	YPART 1(a) 19. WAS AUTOPSY PERFORMED?				
1	3				YES NO X				
APPAINTMENT	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJU	RY OCCU	RRED. (Enter nuture of	injury in Part I or Part II	of Item 18.)				
1	2Dc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED	The Pi to	CE OF INJURY (Home, fa	rm.  20f. (City or town)	(County) (Stata)				
9	2Dc. FIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour 8.m. While Not While at work at work	facto	ry, street, office bldg., e	lc.)	(Gounty) (State)				
1	p.m. 19 at work at work								
	21. I certify that I took charge of the remains described ab	ove, hel	d an Autopsy 🔲 ,	Inspection 🗶 , Inq	uiry 🔀, and in my opinion				
	death resulted from: Natural causes 🔀, Accident 🗌	, Sui	cide 🔲, Homicio	de 🔲, Undetermine	d manner 🔲				
		,	CHIEF MEDICAL	EXAMINER					
	SIGNATURE Denewict Skitarole	41		DICAL EXAMINER	22. DATE SIGNED				
					ruary 28, 1966				
.	EXAMINER'S Benedict Skitarelic, N	.D.	Address (Street	, city, town, or county) Ci	-				
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CI	EMETERY	OR CREMATORY	23d. LOCATION (City,	town or county) (Stata)				
-	Burial 3/3/66 Rosehill	Cem	eterv	Cumberland	Maryland				
	24. FUNERAL DIRECTOR ADDRESS		25a. REC	D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE .				
0	Ruth E. Silcox Cumberland Mary	land	DAMAR	3 1956 0	"arles Judge				

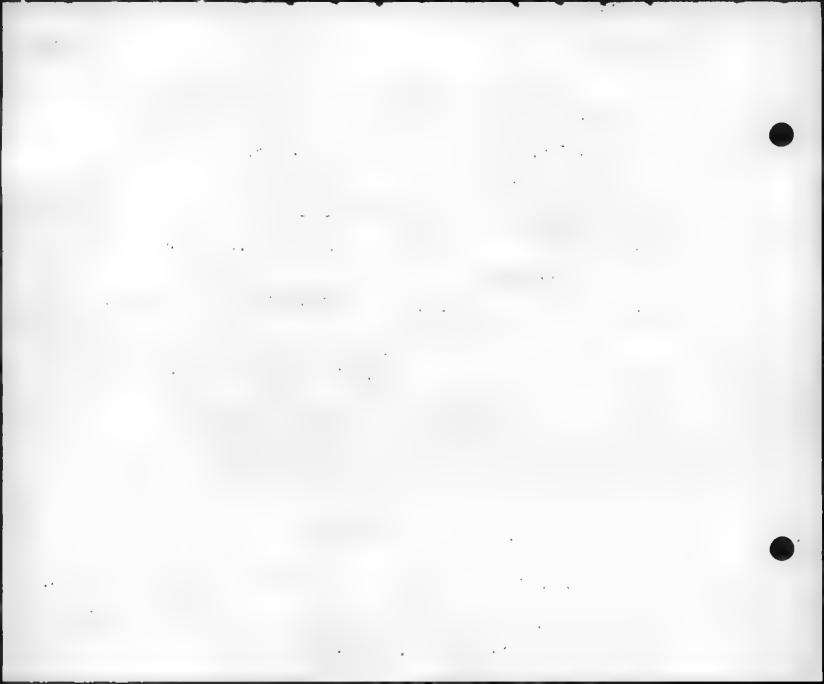


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, permove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and then we event, within 72 hours after depthy.

VR AI5 (4) 2DM 1/65

1		DIVISION OF STATISTICAL RESEARCH AND RECORD							
		01839 CERTIFICAT	TE OF DEATH	01586					
	1.	PLACE OF DEATH a. COUNTY		E (Where deceased lived, If Institution: Residence before admission)					
		ALLEGANY MARYLAND	a. STATE MARYI	LAND ALLEGANY					
	-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If	outside corporate limits, write RURAL and give nearest town)					
				ANTE /					
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	CUMBERI d. STREET ADORESS	O. IS RESIDENCE					
, ,		or think of those time on the first to the the thospital, give attest and ear	d. SIRELY ADORESS	DN A FARM?					
í x	-	SACRED HEART HOSPITAL	11) IND	DEPENDENCE STREET YES NO					
	3.	NAME OF First Middle DECEASEO	Last	4. DATE Month Day Year					
	_	(Type or print) WALTER NMT 1	LOWE	DEATH FEB 23 1966					
	5.	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.					
	1	MALE NEGRO WIOOWED OIVORCED	4-06-07	last birthday) Months Oays Hours Min.					
	10a	USUAL OCCUPATION (Give kind of workdone   10b, KIND OF BUSINESS OR		ounty & State, or foreign country)   12, CITIZEN OF WHAT					
		ing most of working life, even if retired) INDUSTRY	477	COUNTRY?					
	13.	Baggage Porter B & O Station	IALLEGARY U	o. Maryland USA					
			24	(ALT) (511011B)					
	1.5	George Lowe . WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	Geor Geor						
	(Ye	as no or unknown) (if the pine war or dates of consider)	essie <u>Whe</u> ele:	r. 114 Independence St Cumberla					
		Yes W W 2 220-10-4797	essie America	ART Independence by damper in					
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN DNSET AND DEATH					
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Men 1	Linery? Monther					
		14 +01 OUE TO - 0/1	- 1						
		conditions, if any, which ) (b) Therefore	1 ale	- trans					
	П	gave rise to Immediate cause (a), stating the OUE TD							
		readed (a), signing one							
	Z O	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL O	DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY					
	CERTIFICATION	PERFORMEO?							
100	읦	YES NO 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)							
	ERT	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCIDENT BUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURREU, (Enter nature of	injury in Part I or Part II of Item 18.)					
	1 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
1	ICA	in the second se	ACE OF INJURY (Home, fatory, street, office bldg., e	irm, 20f. (City or town) (County) (State)					
	MEDICAL	Hour a.m.  p.m.  19 at work at work		1 1 -2 2.					
		21. I certify that (I) (this hospital) attended the deceased from 1	Jan 19	960 to Tub-W 1964 that (1) (we) last					
			at death occurred at_	M, from the causes and on the date stated above.					
	П	22a. SIGNATURE 4	at death odday a day	22b. DATE SIGNED					
1		Chambel and los	.O. PHYS.	MEO. STAFF PHYS. D 2-24-66					
- "		220 BUYSICI MIS	22d. ADORESS	ometron in this. In the left of the					
		NAME (TYPP)R. B. SEHINDLER	43 GREEN	WE ST CUMBERLAND, MARYLAND.					
1	23a	. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETE	RY DR CREMATORY	23d. LOCATION (City, town or county) (State)					
K		REMOVAL (Specify)		Cumberland, Maryland					
6.7	24			C'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE					
K	<		7770	28 10 30 100/ 1/0 0					
	1_2	John J. Hafer 230 Balto Ave., Cumb		HO 1. DI " Cly Judal					
		•	MO	'/					

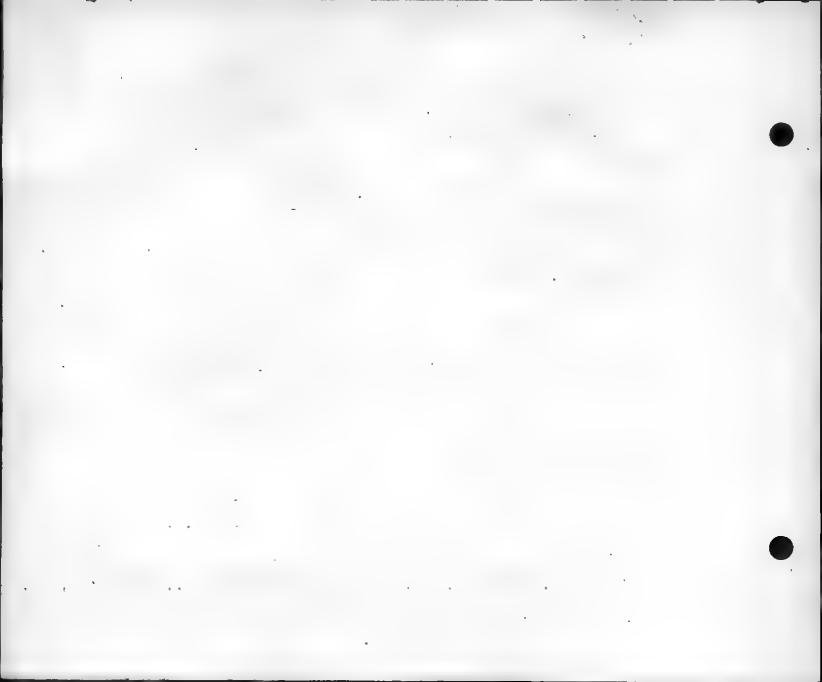
MARYLAND STATE DEPARTMENT OF HEALTH



150944

MARYLAND STATE DEPARTMENT OF HEALTH

20M 1/65



MARYLAND-STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the tweety, within 72 hours after director. 24 hours after death. TO ROSPITAL OR ATTENDING PHYSICIAN: The law mayires that the leath certificate by executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 1589

01035	
1, PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE  b. COUNTY
Allegany MARYLAND	Maryland Allegany
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland	Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
14 Fourth Street	14 Fourth Street ON A FARM?
3. NAME OF First Middle	Last   4. OATE Month Day Year
OECEASED (Type or print) Mary A. Mary	attingly of Feb. 3 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
Female White WIDOWED DIVORCED	June 25, 1900 65 yrs.
10a, USUAL DCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)   INDUSTRY   Housewife   Own Home	Magnolia, W. Va. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Gurtler	Emma Twigg
	INFORMANT Address
(Yes, no, or unknown) ((fyes give war or dates of service))  No.	. John J. Mattingly, Cumberland, Md.
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	aremon 23 yra
IMMEDIATE CAUSE (a)	The state of the s
DOE TO	fl. 11 · O at 1:
Conditions, if any, which gave rise to immediate (b)	perdu and spending
cause (a), stating the DUE TD	V * 1
underlying cause last. (c)	years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	AVED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA I	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO BE STORT OF THE ST	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
G	ory, street, office bldg., etc.)
Hour a.m.  p.m.  19 While Not While at work	
21. I certify that (I) (this hospital) attended the deceased from	Dec 16 , 19 65, to JAN 29, 1964, that (1) (we) last
saw the deceased alive on Low 29 19 65, and that	t death occurred atM, from the causes and on the date stated above.
22a. S/GNATURE	22b. DATE SIGNED
auton forwasteed M.	D. ATTENDING MED. MED. STAFF Feb. 4,1966
200 DUVELCIANIS	22d. ADDRESS
NAME (Type) Dr. Carlton Brinsfield, M.D	.   401 Decatur Street, Cumberland, Md.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Burial Feb. 7, 1966 Forest Glenn	Cemetery Greenspring, W. V.
24. FUNERAL DIRECTOR ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
James F. Scarpelli, Cumberland, M	a. DEEB 8 1936 Charly Judge



1			MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
FOR STATE			01643 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1590				
HEALTH	DEPT.	7.	PLACE OF DEATH  a. COUNTY  a. STATE  b. COUNTY  a. STATE	dence before admission)				
m	٠. سو		Allegany Maryland All	egany				
sary nera ly by	Department after death.		b. CITY DR TOWN (if outside corporate limits, write RURAL at write RURAL end give nearest town)  c. CITY DR TOWN (if outside corporate limits, write RURAL at a composite limits and a composite limits at a composite limits.	d give neerest town)				
e fun may	part er d		Lavale,	( a. IS RESIDENCE				
t e	aft		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  35 Rue St.  35 Rue St.	ON A FARM?				
13 t	State hours	-	33 Kye 346	Day Year				
y de and A3.	the S	3.	DECEASED					
1.2,3		5.	SEX . 6. COLOR OR RACE 7 MARRIED . NEVER MARRIED . 1 8. DATE OF BIRTH . 9. AGE (In years   IFUNDER 1					
form	2 with within		Female White WIDOWED X DIVDRCED June 9. 1872 93 yrs. Months D	ays Hours Min.				
ter deal	event	10	a. USUAL OCCUPATION (Give kind of work done 1 10b. KIND OF BUSINESS OR   11. BIRTHPLACE (Stata or foreign country)   12. CITI	ZEN OF WHAT				
Give Give	) ev	100	Housewife Own nome Okonoko, W. Va.	S. A				
18 a	8 8	13	. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
P E E		L	G. Tobias Stickley Nancy Kerns					
2 E		I 15 CY	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Addrass es, no, or unknown)   (If yes give war or dates of service)					
thin er's	permit. removal		No. None Mr. Challes A. McTaggert Fort Ashl	INTERVAL BETWEEN				
ted with in penc Examine			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH MARKAGES BY:  CHRONIC MYOCAARDITIS	ONSET AND DEATH				
Series Series	insil M , of		IMMEDIATE CAUSE (a)	7 CMNS				
be exe pendin Medical	burial-transit cremation, or		conditions, if any, which DUE TO CORONARY HEART DISEASE	YEARS				
Se 5	rem	-	gava risa to immadiata ( DIE TO					
out bief	40		undarlying cause last. ) (c) ARI CRIUSCECRUSIS	YEARS				
e ¥ St	used as to burial	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
ficate the to the	to to	18	Port II at Itam 103	YES NO K				
	should be	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)					
R. This cer ate, writin forwarded	t, F		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20a. PLACE OF INJURY (Homa, farm,   20f. (City or town) (Coun	(State)				
R: Tate, for	3 shou agent,	MEDICAL	Hour a.m. While Not While factory, street, office bidg., atc.)					
Tific a	age		p.m. 19 lat work 1 at work 1 21. I certify that I took charge of the remains described above, held an Autopsy 1, Inspection X, Inquiry X,	and in my opinion				
Series EX	E. P.		death resulted from: Natural causes [X], Accident [], Suicide [], Homicide [], Undetermined manner [					
寺寺	E Sep		CHIEF MEDICAL EXAMINER	-				
ege 4	AL DIRECT		SIGNATURE Bunedict Skitarelia M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED				
Y ME	AL D		DEPUTY MEDICAL EXAMINER FEBRUARY					
DEPUT lease irector.	NEB (Sealt		NAME (Type) DENEVICE SALIARELIC, M.V. Address (Street, city, town, or county) (TABERIA)					
D DE	retaine O FUNE of Hea	23	REMOVAL (Specify)	W. Va.				
-	p=	24	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S					
VR AI	5ME (5)		H. Wayne George Cumberland, Maryland DATE 3 3 1536 6 20	1 wee				
\$M	1/65	-	1333	U-U-				





FOR STATE HEALTH DEPT.

cessary, State Department hours after death. MEIN EXAM TER: This certificate should be encluded within 24 Bours after Teath, if any Telay recurse certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 h director. Page 4 should retained for your files. O DEPUTY ME

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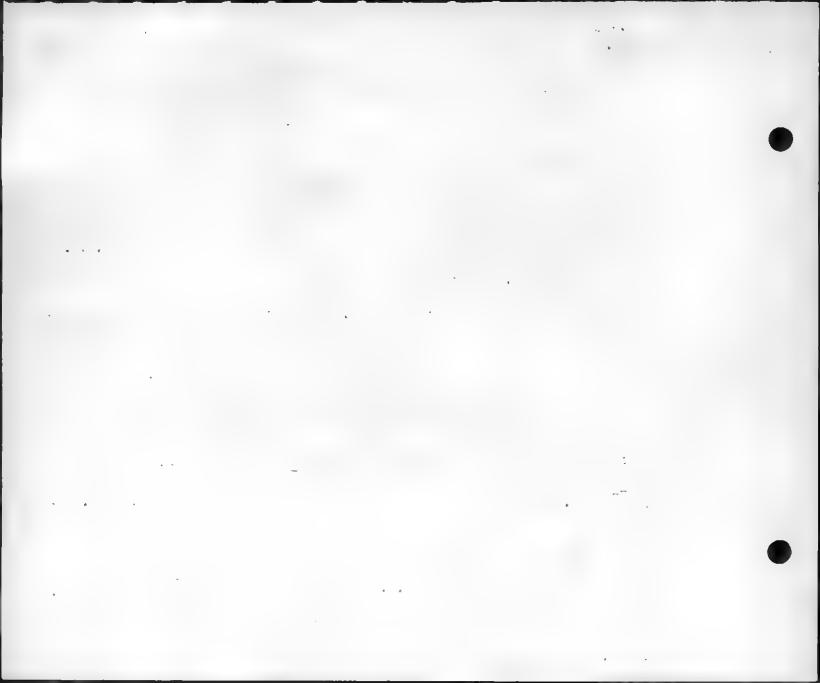
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please execut VR ALSME (5) 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

( ) + () ()

5	111949 MEDIO	AL EXAMINER 3	CERTIFICATE	OF DEATH	UXDUZ				
1	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	(Where deceased lived, If Institu					
П	Allegany	STARVILLAND	a. STATE Maryland b. COUNTY Allegany						
-	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearast town)	MARYLANO		utsida corporate ilmits, write					
Г		E Dorra							
-	d. NAME OF HOSPITAL OR INSTITUTION (IF not	5 Days	Cumber	rland Route t					
		in nospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?				
L	Memorial Hospital				YES NO 🔲				
,	3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Oay Year				
Y	(Type or print) James		Michael	DEATH February	7 2 19 66				
F	5. SEX 6. COLOR OR RACE 7. MARI	RIEO T NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years   IFI	UNOER 1 YEAR IFUNDER 24 HRS. onths   Days   Hours   Min.				
4	Trans.		ecember 5.19	101 1 64 yrs.	inths Days Hours Min.				
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				12. CITIZEN OF WHAT				
ľ	Composition for Consider Consider	INDUSTRY	Chamme Pun	West Virginia	U.S.A.				
Н	Carpenter for Growden Cor	istet Company	1 14. MOTHER'S MAIOE		U.D.M.				
П	Mallace E Ma	ah ah ah			77				
-	William E. Mi		INFORMANT	Daisy Stewart (					
	(Yes, no, or unkown) (If yes give war or dates of service)	11 (			Route #2				
-	No		3. Vallie Mic	hael	Cumberland, Md				
	18. CAUSE OF OEATH [Enter only one couse	per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH				
П	PART I. OEATH WAS CAUSED BY:	HEMOTHORAX.	BILATERAL		HOURS				
Ł	9/7 5 DUE TO								
Ł	Conditions, if any, which \ (b)	CRUSHED CHES	3T		lı days				
L	gava rise to immediate ( cause (a), stating the DUE TO								
L	underlying cause lest. (C)								
1	(0)	RIBUTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL OF	SEASE CONOITION GIVEN IN PAR	RT 1(a)   19. WAS AUTOPSY				
i i	TA ATI				PERFORMEO?				
1	PART II. OTHER SIGNIFICANT CONDITIONS CONT  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  20c. TIME OF INJURY Month, Oay, Year 2 HOUT	b. OESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of I	infury in Part 1 or Part 11 of it					
200	PRIMARY OF CONTRIBUTING								
3	FARM TRACTOR UPSETPINNING HIM UNDER								
100	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour County) (Stete)								
l i	12:30 p.m.Jan.29 1966 at	work Not While Micl	hael Road Ru	ural Cumberland	Alleg. Md.				
	21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection (x), Inquiry 🔀, and in my opinion								
П	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner								
	CHIEF MEDICAL EXAMINER								
	SIGNATURE Deveduct Skytarelic M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED								
	EXAMINER'S BENEDICT SKIT	ARELIC. M.D.		L EXAMINER E Febru					
-	( RAME (13he)			elty, town, or county/Cumb					
12	23a. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify)								
-	Burial   2/4/66	Pleasant Grov	e Cemetery	Cumberland   D BY REGISTRAR   25b.   REGIS	riaryland				
	24. FUNERAL OIRECTOR	AODRESS	502 FEB	4					
	Buth E. Silcox Cumber	Pland Marvland 21	502	4 1956 mile	and O				



funeral and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the state within 72 hours after

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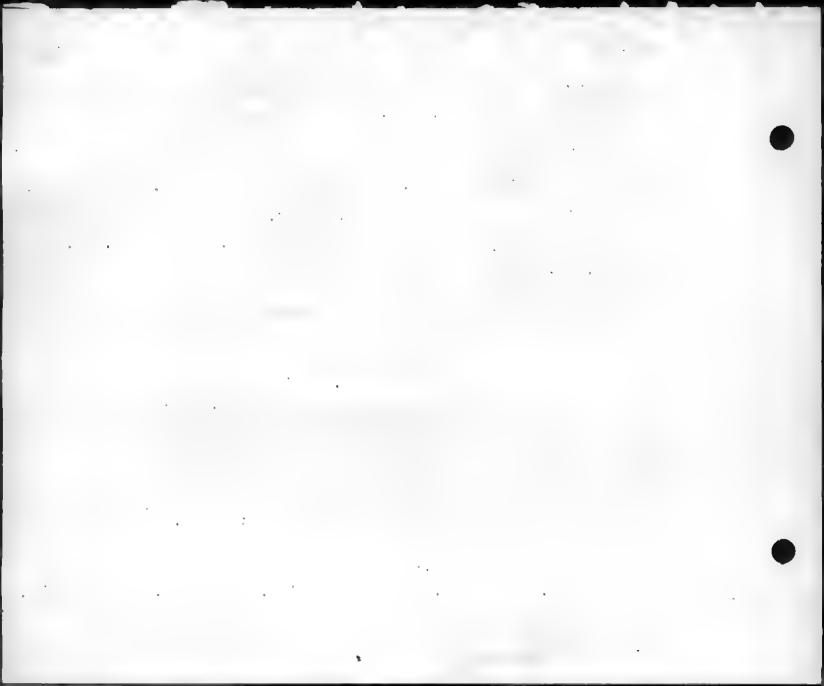
MEDICAL CERTIFICATION

238

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
1) TE 5: 7. 4.2	E OF DEATH	01593							
PLACE DE BEATH a. COUNTY  ALLEGANY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution: 8 a. STATE ??? A b. COUNTY (U) ALLEGANY MARY!	OND							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  19 DAYS	C. CITY OR TOWN (If outside corporate limits, write RURAL CUMBERLAND	, and give nearest town)							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  MEMORIAL HOSPITAL	d. STREET ADDRESS RT. #1, BOX 166	e. IS RESIDENCE ON A FARM? YES NO [2]							
NAME DF First Middle	Last 4. DATE Month DF MILLER DEATH FEB.	Day Year 21 19 66							
	8. DATE OF BIRTH  9. AGE (in years   IFUNDER   Months   M								
.USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY Wling Alley emple 20	11. BIRTHPLACE (County & State, or foreign country)   12. C	OWNTRY?							
FATHER'S NAME FRANKLIN MILLER	14. MOTHER'S MAIDEN NAME SUSAN MILLER								
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  1. O 110 1-9505	INFDRMANT Address								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DIFT TO	MEMORIAL HOSPITAL	INTERVAL BETWEEN ONSET AND DEATH							
Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO  Chronic Congestiva Heart tailure  Out To  Chronic Congestiva Heart tailure									
PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED? NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	ACE OF INJURY (Home, farm, 20f. (City or town) (Colory, street, office bldg., etc.)	unty) (State)							
21. I certify that (I) (this hospital) attended the deceased from 6/18/57, 15:00toP. M. Z/21, 1966, that (I) (we) last saw the deceased alive on 2-21 1966, and that death occurred at M, from the causes and on the date stated above.  22a. SIGNATURE									
22c. PHYSICIAN'S NAME (Type) DR. WILLIAM P. IAMES	D. ATTENDING MED. STAFF DIRECTOR PHYS. D	BERLAN DMD.							
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL Fob. 25.1966 Limit ian	Y OR CREMATORY 23d. LOCATION (City, town or co Hyndman, Pa	ounty) (State)							
FUNERAL DIRECTOR ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR	en andel							

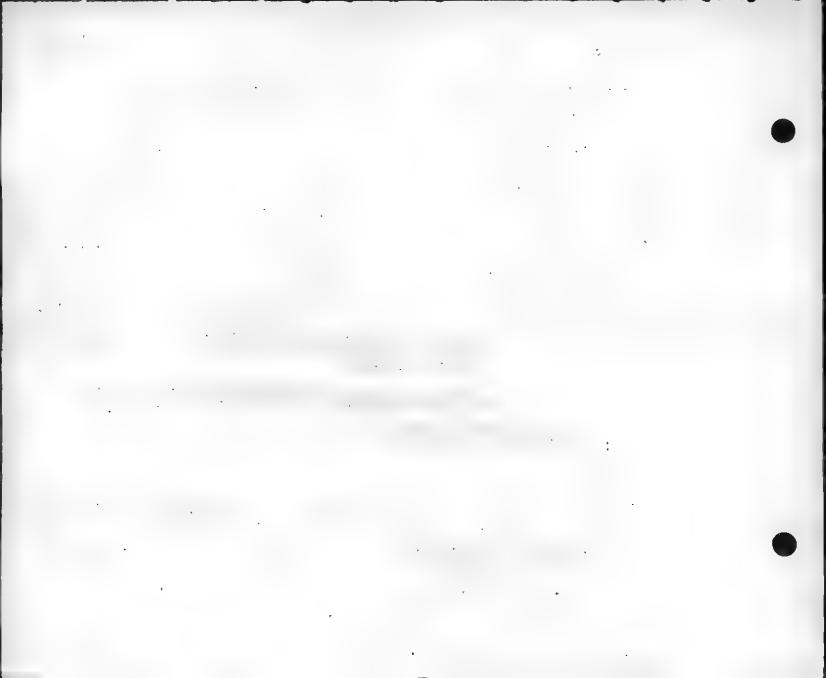
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VR A15 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH a, COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY D. CITY OR TOWN (if outside corporate limits, Allegany MARYI AND c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b sician and completely filled in by ease remove carbon papers. Pag and in any event, within 72 hours write RURAL and give nearest town) ELLERSLIE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital YES ND TO 3. NAME DE First Middle Last 4. DATE Month Year DECEASED (Type or print) 1966 MILLER DEATH FEBRUARY 6. CDLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED DATE OF BIRTH NEVER MARRIED White WIDOWED [ DIVDRCED [ April 20.1889 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending physician rmit. Then please Retired Pennsvlvania U.S.A death certificate removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Joshua Miller Cornelia Bowers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service) 16. SDCIAL SECURITY ND. the attendit permit. 17. INFORMANT Address 70 has been signed by the at as the burial-transit pern prior to burial, cremation, Nο CUMBERLAND, HOSPITATE CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, If any, which rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ID WAS AUTOPS for use Health PERFORMED? certificate YES ND F 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) After this certif I be detached fo State Dept. of f OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20f. (City or town) (County) (State) DIRECTOR: After tage 3 should be de Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 5 M rom the causes and on the date stated above. and that death occurred 5:0 saw the deceased alive on 22a. SIGNATURE DATE SIGNED page ATTENDING MED. STAFF DIRECTOR PHYS. HOSPITAL TO FUNERAL PHYSICIAN 22d. ADDRESS director, p should be NAME (Type) HYNDMAN. 23a. BURIAL CREMATION. 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Pleasant Hill Cemetery Somerset Penna 24. FUNERAL DIRECTOR BEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Ruth E. Silcox Cumberland, Maryland 21502 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



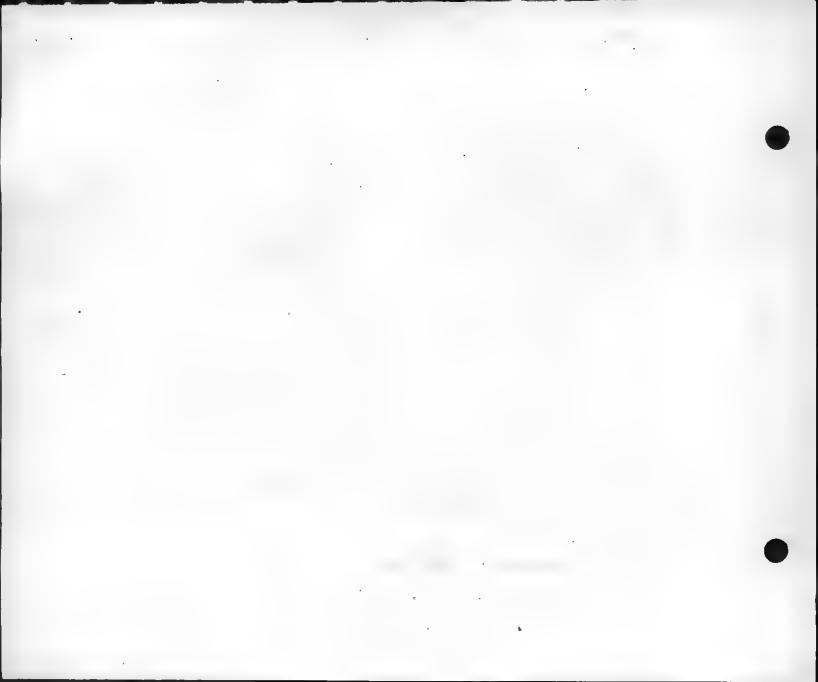
## FOR STATE HEALTH DERT

ive Pages 1 with form after d along 4 hours af Item 18. " in pencil in Item Examiner's Office certificate should be executed within iting the word "pending" in pencil is led to the Chief Medical Examiner's ю EXAMINER: This certificate sname certificate, writing the w þe should DIRECTOR Page 4 for your O DEPUTY MED director. retained

1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY b. COUNTY ALLEGANY a. STATE ALLEGANY MARYLAND Department after death. b. CITY DR TDWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give naarest town) c. LENGTH DF STAY IN 1b writa RURAL and give nearest town) CUMBERLAND CORRIGANVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours DOA SACRED HEART HOSPITAL NO. YES NAME OF First Middla DATE Last Month DECEASED 0F (Typa or print) DEATH MYERS FEB. 計語 6. COLOR OR RACE DATE OF BIRTH AGE (In yaars I IF UNDER 1 YEAR IIF UNDER 24 HRS 7. MARRIED X **NEVER MARRIED** last birthday) Months | Days Hours MAY 8,1890 WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? GROCERER GROCERY MARYLAND USA any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 ALBERT MYERS ISABELLE MOORE File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Addrass (Yes, no, or imhown) (If yes give war or dates of service) permit. 214 01 SYLVIA B. MYERS, CORRIGANVILLE, MD. 18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH SUDDEN PART 1. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) CORONARY OCCLUSTON 420 DUE TO Conditions, if any, which SCLEROSIS (b) gave rise to immediate DUE TO cause (a), stating tha underlying causa last. used as to burial, (c) ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES ND K CERTIF prior 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED, (Enter natura of Injury in Part 1 or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should lagent, pri MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) at work Not While factory, street, office bldg., etc.) Hour a.m. CTOR: Page designated ₩, Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my ppinion death resulted from: **Accident** Undetermined manner Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 0 FUNERAL I DEPUTY MEDICAL EXAMINER X **EXAMINER'S** CUMBERTAND MD City, town, or county) BENEDICT SKITARELIC NAME (Type) 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
BURIAL FEB. 14.1966 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) 0 0 FEB. 14, 1966 ECKHART ECKHART 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS CUMBERLAND, MD. BYRON KIGHT VR ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

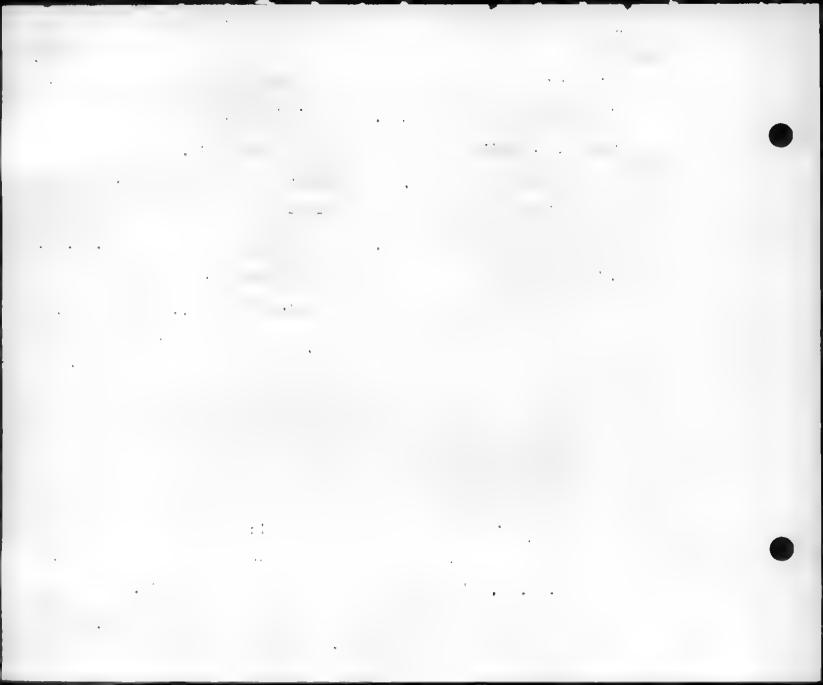


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in any event, within 72 hours after death.

xecuted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01650_			CERTIFI	CATE	OF DEATH			01597
1.	PLACE OF DEATH a. COUNTY ALLE			MARYI		a. STATE MARYL	AND	b. COUNTY AL	Residence before admission)  LLEGANY
	COLBEI	l give nearest tow RLAND	m)	7 HRS.		CUMBER		Imits, write RUR#	AL and give nearest town)
				hospital, give street ad	idress)	d. STREET ADDRESS			e, IS RESIDENCE ON A FARM?
	MEMOR	RIAL_HOS	PITAL			320 FURN	JACE ST.		YES NO X
3.	NAME OF DECEASED	F)	rst	Middle		Last	4. DATE OF	Month	Day Year
-	(Type or print)	PAUL		, C.		EHRING		EBRUARY	1 1966
5.		COLOR OR RACE	7. MARRIE	NEVER MARRIED	8		iast b	In years IF UNDE Irthday) Months	R 1 YEAR IF UNDER 24 HRS.
-	MALE	WHITE	WIDOWE			6-29-1893		yrs.	
10. du	a. USUAL OCCUPATION ring most of working	l (Give kind of work life, even if retire	done 10b.	KIND OF BUSINESS OR		11, BIRT HPLACE (Co	unty & State, or forei		CITIZEN OF WHAT COUNTRY?
	etired Mai	intenance	e I	Brewing Co.		MARY	_ , , , , ,		U. S. A.
13	. FATHER'S NAME					14. MOTHER'S MAID		(D-1	,
		1 NEHRIN	-			THERESA	ROMAN	(Rohman	)
1: (Y	es, no, or unkown) (if	R IN U.S. ARMED FO		6. SOCIAL SECURITY NO.	17.	INFORMANT		Address	
	es, no, or unkown) (if	,	-	214054831		MEMORIAL H	IOSPITAL.	. CUMBE	RLAND. MD.
	18. CAUSE OF DEA	TH [Enter only on	e cause per	r line for (a), (b), and (c		0	, ^	/	INTERVAL BETWEEN
	PART I. DEATH	I WAS CAUSED BY MMEDIATE CAUSE	(a) m	asseine (Le	elle	com Engli	aluc me	leu ter	ONSET AND DEATH
	4 1	DUE		1 1	,	0	1 15	1	
	Conditions, If any	, which }	(b) (l)	ctellosteres	12 6	anches Van	welle Clas	eces.i_	Gecar,
	gave rise to im cause (a), statis	1 Ditte	10	4 4.		\ .	(, )	.0	0
	underlying cause la		(c) LL-	ulk anti	2 6	end Mickey	1 Value 1	Willow +	
TON	PART II. OTHER SIGN	OFICANT CONDITION	ONS CONTRI	BUTING TO DEATH BUT N	OT RELA	TED TO THE TERMINALD	ISEASE CONDITION	GIVEN IN PART 1(a	1) 19. WAS AUTOPSY PERFORMED?
ICA		no	_						YES NO
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF)	CAUSE OF DEA	TH NER)	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature of	injury in Part I or	Part II of Item 1	8.)
EDICAL	20c. TIME OF INJU	JRY Month, Day,			Oe. PLAC	E OF INJURY (Home, fa y, street, office bldg., et	rm, 20f. (City or	town) (C	ounty) (State)
MED	Hour a.m.	19	Whi at wo		10000	), act 201, 0 11100 8148.1 0	,		
-	21. I certify t	hat (I) (this hose	oital) atter	ded the deceased fr	om	1954 19	to	Ce 93 19	66, that (i) (we)-last
	saw the decea					death occurred a	55M from the	causes and on	the date stated above.
	22a. SIGNATURE	1,11	1	1 , 6,				22b.	DATE SIGNED
	9-	Wille.	u lel	Colle	M.D.	PHYS.	NED STA		2/3/66
	22c PHYSIGIAN'S NAME (Type)		7	M		22d. ADDRESS			/
			G. H	IMMELWRIGH			/IRGINIA	AVE.	
23	REMOVAL (Specif	ON, 23b. DATE	THEREOF	23c. NAME OF CE			23d. LOCATION	I (City, town or c	county) (State)
	burla.	L   Feb.4	,1966	SS. Peter	& F	aul Cemete	rly Cumbe	rland M	d signature
24	I. FUNERAL DIRECTO		nelli	Cumberlan	d Ma	550	D'BY REGISTRAR	25b. REGISTRA	
	od lob	1. Star		- umber Lan	ct 9 120	• DAFFE B	0 1956		P. 0.

VR A15 15 (4) 1/65



FOR STATE HEALTH DEPT.

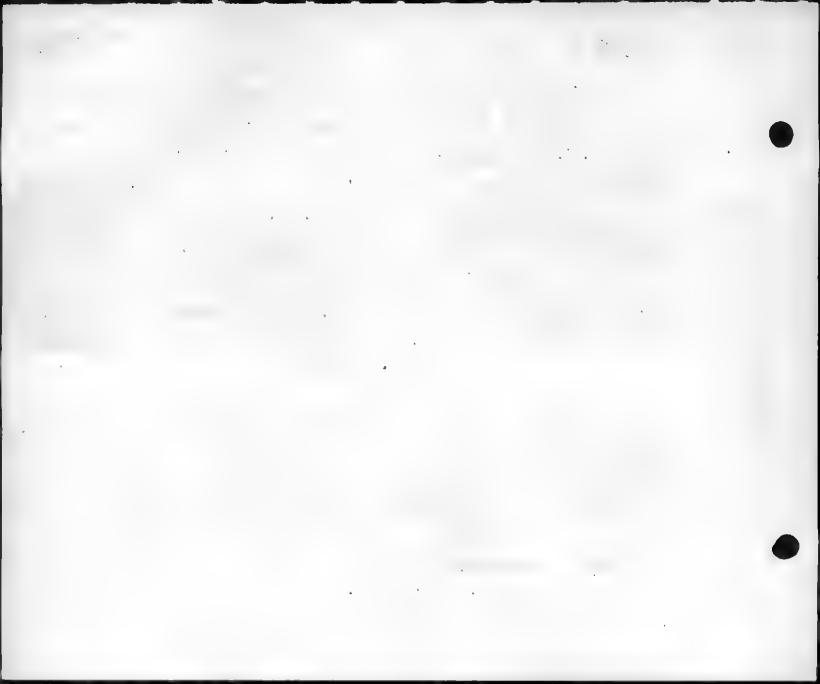
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is certary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. retained for your tiles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

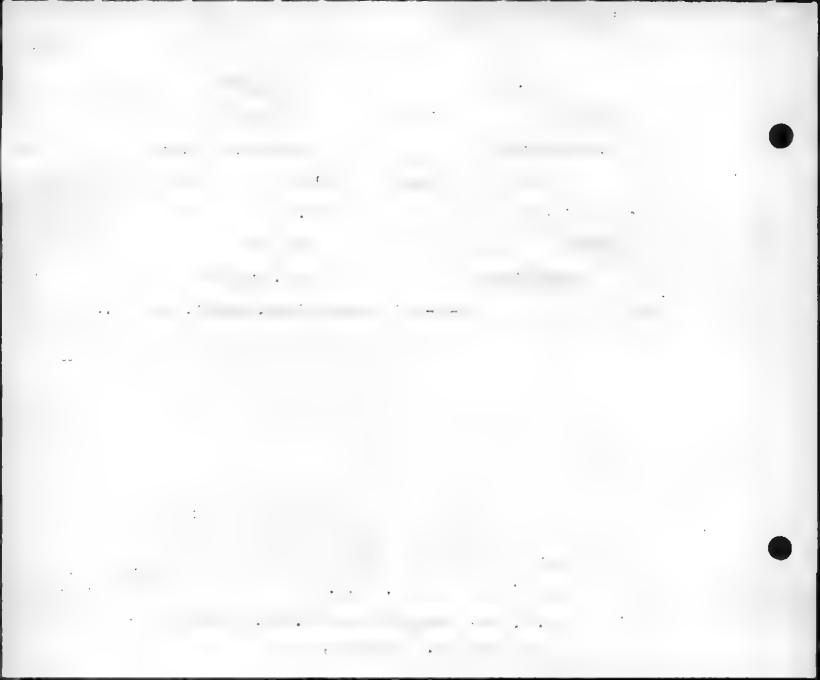
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VR ALSME (5) 5M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01651 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH a, COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Re a. STATE b. COUNTY	sidence before admission)
	Allegany	MARYLAND		leconv
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 15	Maryland Al c. CITY OR TOWN (if outside corporate limits, write RURAL a	and give nearest town)
	Cumberland		Cumberland	^ ! · · · · · · · · · · · · · · · · · ·
	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	nospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	D. O. A. Sacred	Heart Hospital	Rt. 3, Bedford Road	YES NO X
3.	NAME OF First	Middle	Last 4. DATE Month	Day Year
	(Type or print) Frank		Donnell OF BEATH Feb.	9 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 🔲   8	B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 last birthday) Months	Days Hours   Min.
	Male White WIDOWED		Dec. 14, 1889 76 yrs.	
10a	s. USUAL OCCUPATION (Give kind of work done) 10b. I ring most of working life, even if ratired)	KIND OF BUSINESS OR INDUSTRY		IZEN OF WHAT
		extile		SA
13.	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	UA.
	Thomas O'l	Donnell	Genevieve Carroll	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 es, no, or unhown)   (If yes give war or dates of service)	SOCIAL SECURITY NO.   17.	INFORMANT Address	
	yes   War I		rs. Gertrude Snyder, Cumberl	
	18. CAUSE OF DEATH [Enter only one cause per			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (n)	Coronary	Occlusion	onset and death Sudden
	. 2 m 2		and the same of th	
	Conditions, if any, which \	Coronary :	Sclerosis	
	gave rise to immediate (b)			
Н	cause (a), stating the DUE TO			
	underlying causa last. (c)			
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CATI				YES NO
MEDICAL CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nuture of injury in Part   or Part   of Itam 18.)	
2				
CAI	***************************************	facto	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bldg., etc.)	ity) (State)
0	Hour s.m. White p,m. 19 at wor	MOT WHITE [		
2	21. I certify that I took charge of the rer		d an Autopsy , Inspection , Inquiry x,	and In my opinion
	1 min			
	death resulted from: Natural causes	], Accident [_], Sui	cide, Homicide, Undetermined manner	
	1/ 1/1	1 . 1 .	CHIEF MEDICAL EXAMINER	
	SIGNATURE Description	torelic	_M.D. ASSISTANT MEDICAL EXAMINER [ 2-9-196	6 22. DATE SIGNED
	EXAMINER'S Dr. Benedict	Skitarelic, N.		Cumberland
238		23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or cou	nty) (State)
1	Buring (Specify) Feb. 12, 196	St. Mary's	Cemetery Cumberland, Md.	
	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
-	James F. Scarpelli, (		0.001	
1	- Local Policy	driver rand, Md	. DEFEB 14 1956 Marle	0 0



4	-			MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	STATE			01652 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02599
HEALTH	DEPT	-/	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, if inetitution: Residence before signission)  a. COUNTY  a. STATE  b. COUNTY
	# 4			
funera funera may b	theat			Allegary  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  Maryland  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
S T E	Department after death.			Cumberland Years Cumberland
2 8	o s a			ON A FARM?
delay	State		3.	NAME OF First Middle Last   4. DATE Month Dey Year
£2.2€ 3.86 3.86 3.86 3.86 3.86 3.86 3.86 3.86	\$2			DECEASED (Type or print)  Guy  Elmer  O'Neal  OF  DEATH February  1 19 66
± TE	with	-	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
r death. I ve Pages with for	~ ₹	T	1	Male White WIDOWED 01VORCED March 7. 1908 57 yrs.
after death. . Give Pages ong with for	PARTIT	۱.	duri	USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	-		13.	Unknown Maryland U.S.A.  FATHER'S NAME 14. MOTHER'S MAIDEN NAME
5. ← .0	pag in			George O'Neal Mrs. Ida Bucy
24 hou 1 Item Office	File		15.	WAS DECEASED EVER IN U.S. ARMEO FORCES?   18. SOCIAL SECURITY NO.   17. INFORMANT Address Md
E	nit. oval,		(10	Ne   220-10-2640   George O'Neal, Route 2, Hazen Rd., Cumberlan
uted within in pencil	permit. removal			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).]  PART I OF THE TOTAL BETWEEN ONSET AND DEATH
executed ding" in ical Exam	insit , or			PART I. OF ATH WAS CAUSE OBY: CORONARY OCCLUSION SUDDEN
exe	ation			Conditions is any which
d be execu "pending" Medical	a burial-transit cremation, or			gave rise to immediate cause (e), steting the OUE TO
should word " Chief A				underlying cause last. (c)
ste si ie w	used as to burial		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)  19. WAS AUTOPSY PERFORMED?  YES \( \text{YES} \) NO   7
certificate iting the led to the	or us	6	IFIC/	
INER: This certificate sifficate, writing the work forwarded to the C	3 should be agent, prior			20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.  20b. OESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Pert II of Item 18.) CAUSE OF DEATH.
te, wr	sho		MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left) (County) (State) Hour e.m. While Not While
NER iffica be f	ed a		WEL.	p.m. 19 at work at work
3 5 0	CTOR: Page designated			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes XX. Accident, Suicide, Homicide, Undetermined manner
	CTOR: design			death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner
ute 4	阿里拉			ACTUAL SIGNATURE & Quiedect Skilarelie M.D. ASSISTANT MEDICAL EXAMINER [] 22. DATE SIGNED
		4		DEPUTY MEDICAL EXAMINER X Be bruary 1, 1966
DEPUT lease irector.	FUNERAL of Health or		23e	BENEDICT SKITARELIC, M.B. Address (Street, city, town, or county) Cumberland, Md.  BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (StateMd
O Display	0 FE 0		200	Burial Feb. 4, 1966 Pleasant Grove Meth. Cem. Baltimore Pike-Near Cumberlar
-		,	24.	FUNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAN'S SIGNALUNE
VR AI	1.5ME (5)		13	chu J. Hafer 230 Balto Ave., Cumberland, Ma FEB 4 1966 frances freeze



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the symptom you within 72 hours after depth.

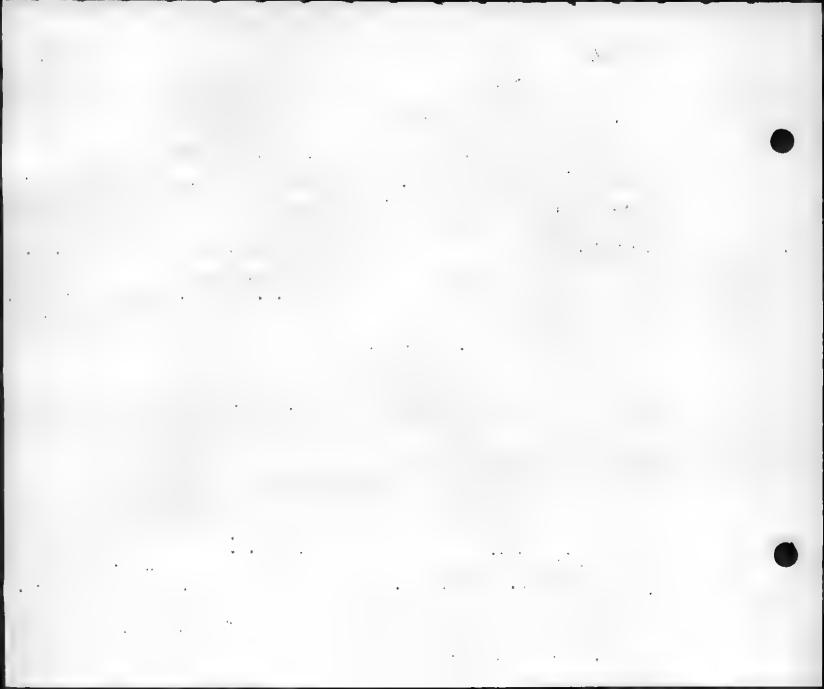
> VR A15 (4) 20M 1/65

				YLAND STATE DE			
	DIVISIO	N OF STATISTIC	CAL RESE			N STREET, BALTIMOR	E 1, MARYLAND
	nTpgg			CERTIFICAT	E OF DEATH		0.2000
1.	PLACE OF DEAT	Н			2. USUAL RESIDENC a. STATE	E (Where deceased lived, If Instit	
		Allegan	y	MARYLAND	M	aryland	Garrett ~
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest tow	te limits, rn)	c. LENGTH DF STAY IN 15			RURAL and give nearest town)
_	Cumb	erland		la Years		Rural Oakland	1
				ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		ne Frazier			<u> </u>		YES X ND
3.	NAME OF DECEASED	FI	Irst	Middle	Last	4. DATE Month	Day Year
	(Type or print)	Thor	nas	(NMI)	Parks	DEATH Feb	25 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	1/-2 -		WIDOWED		N 25 30		ionths Days Hours Min.
10a	Male	White   10N (Give kind of work		IND OF BUSINESS OR	Nov. 15. 18	83 82 yrs. unty & State, or foreign country)	12. CITIZEN OF WHAT
dur	ing most of work	Ing life, even If retire	d) 17	NDUSTRY			COUNTRY?
13.	FATHER'S NAM	odsman E		Forest	Allegany C	o. Maryland	I II S A
		John Pa	rk		El	len Muir	
15.	. WAS DECEASED	EVER IN U.S. ARMED FO	OCCE2 1 16	SOCIAL SECURITY ND.   17.	INFORMANT	Address	
(16	No.	(1) Les Bise was or gares o	27.3	3-24-57(1 M	rs. Mary Yan	kie Cumberla	and. Md
Ĩ		DEATH [Enter only on	e cause per li	ine for (a), (b), and (c).]	- //		INTERVAL BETWEEN
		EATH WAS CAUSED BY	: (1	- war	- Ca	-	ONSET AND DEATH
	7	IMMEDIATE CAUSE	1		/)		The state of the s
- 1	/ Conditions If	DUE	10	of at		1	han It-
-	Conditions, If gave rise to	Immediate /	(b) (1	<u> </u>	Crown 6	/h	1
	cause (a), s						~
z	underlying caus		(c)	TING TO BEATH OUT HOT OF LA	TER VA VIII VERMINAL R	ISEASE CONDITION GIVEN IN PA	ART 1(a) 119. WAS AUTOPSY
FICATION	PART II, UTHER	SIGNIFICANT CONDITION		ITING TO DEATH BUT NOT RELA	(IED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	PERFORMED?
	20a. ACCIDENT	WAS UNDERLYING	20b. C	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of I	Item 18.)
CERTI		WAS UNDERLYING ING IN CAUSE OF DEA	1	•			
MEDICAL	20c, TIME OF	INJURY Month, Day,	1	donto	CE OF INJURY (Home, fairly, street, office bldg., et		(County) (State)
2 2 2 3	η ουτ α.ι ρ.	Access to the latest to the la	While at work	- NOL WINE -		"Kunt	allon Med
				ed the deceased from	1/65,19		, 19, that (I) (we) last
4	saw the de	ceased affive on	2/12/1	<u>4</u> 19, and thát	death occurred at		nd on the date stated above.
1	22a. SIGNATU	4/2/1	13-7		ATTENDING N	MED STAFF -	22b. DATE SIGNED
-	22e PHYSICIA	N'S / ////	Clar	C-C-Z-MI	22d ADDRESS	IRECTOR PHYS.	206/66
	NAME (T	m a)	William	ms		Centre St. Cum	berland, Md
23a	. BURIAL CREA	IATION, 23b. DATE	THEREDF	23c. NAME OF CEMETERY		23d. LOCATION (City, tow	
	BURIAL, CREM REMOVAL (SP Burial			Texas Method			
24.	FUNERAL DIR	cyor Feb 2	8, 1966	ADDRESS	25a. REC	'D BY REGISTRAR   25b. REG	ISTRAR'S SIGNATURE
Ţ	oi to	Thought P	a land	Lome . Jaklar	18 , Ild . nata R	1 1956 Poly	antes Cuse
1	10-19	1 2 0 2 20 1	or a later	The state of the s	The state of the s	The state of the s	The state of the s



1	01654		CERTIFICAT	E OF DEATH		111601
1	PLACE OF GEATH	Allegany		- CTATE	(Where deceased lived, If institution	
_			MARYLAND	Mar	yrand	Allegany
	b. CITY OR TOWN (if our write RURAL and give	iside corporate limits, B nearest town)	C. LENGTH OF STAY IN 16	1	utside corporate limits, write RUR	RAL and give nearest town)
	Cumberla	nd I	1/23/1962		berland	1 ,
		R INSTITUTION (if not in hos		d. STREET ADDRESS		B. IS RESIDENCE ON A FARM?
_		County Infi	rmary	220 N.	Lee Street	YES NO X
3	NAME OF DECEASED	First	Middle		4. DATE Month	Day Year
_	(Type or print)	Elizabeth		atterson	BEATH Fobruary	16, 1966
		OR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND last birthday) Month	DER 1 YEAR   FUNDER 24HRS.
		ite   WIDOWED X		12/11/1875	90 yrs.	a Days Hours Him.
di	oa. USUAL DCCUPATION (GIV Iring most of working life,	e kind of work done 10b, KIN even if retired) IND	D OF BUSINESS OR USTRY	11. BIRTHPLACE (Cou	nty & State, or foreign country)   12.	CITIZEN OF WHAT
	Housewife				ne, Maryland	U. S. A.
1	3. FATHER'S NAME	hornton Wils	on	14. MOTHER'S MAIDE		
				Susanna		
1 9	5. WAS DECEASED EVER IN L les, no, or unkown)   (If yes gi	I.S. ARMED FORCES?   16. SC we war or dates of service)	1	INFORMANTP.O.B		berland, Md.
	No			llegany Co	unty Infirmary	records.
		Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WA	S CAUSED BY: Willy DIATE CAUSE (a)	condition	. Chr. deg	sugnature C	UNGET AND DEATH
	7454	DUE TO Clean	me Recent Q	The state of	1	
	Conditions, If any, wh gave rise to immedi		Sch Sch	saying Co /1	y sextension	·
	cause (a), stating		10 B2		1	
25	underlying cause last.	(c) 2 / L	MICH CK	seered ac	cleveren	
CERTIFICATION	PART II, OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
E	20a. ACCIDENT WAS UN	DERLYING 20b. DES	SCRIBE HOW INJURY OCCI	JRRED. (Enter nature of I	njury in Part I or Part II of Item	
CER	OR CONTRIBUTING C.	AUSE OF DEATH DICAL EXAMINER)				
SA.	20c. TIME OF INJURY	Month, Day, Year   20d. INJ		CE OF INJURY (Home, farm		County) (State)
MEDICAL	Hour a.m.	19 While at work	Not While at work	ory, street, office bldg., etc.	.)	
	21. I certify that (	I) (this hospital) attended	the deceased from_1	./23/62 , 19	, to 2/16/66, 19	, that (I) (we) last
	saw the deceased	alive on 2/15/66	19, and tha		A.M, from the causes and or	n the date stated above.
	22a. SIGNATURE			at 3:10 A.	M. STAFF 22b.	DATE SIGNED
	NA PHYSIAIAN	Meanus	M.t	D. PHYS. K. DI	RECTOR X PHYS. X 2	/16/1966
	22c. PHYSICIAN'S NAME (Type)	ge B. Mathew	ws, M. D.	49 Gre	ene St., Cumbe	rland, Md.
23		23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
	REMOVAL (Specify) Burial	2/18/66	Rosehill Cem	eterv	Cumberland Mar	rvl and
2	4. FUNERAL DIRECTOR	-11	ADDRESS		Cumberland Hard By REGISTRA	AR'S SIGNATURE
)	Ruth E. Sil	cox Cumberla	nd Maryland	21502 DAFEB	21 1998 Milian	les Judge

VR A15 (4) 20M 1/65

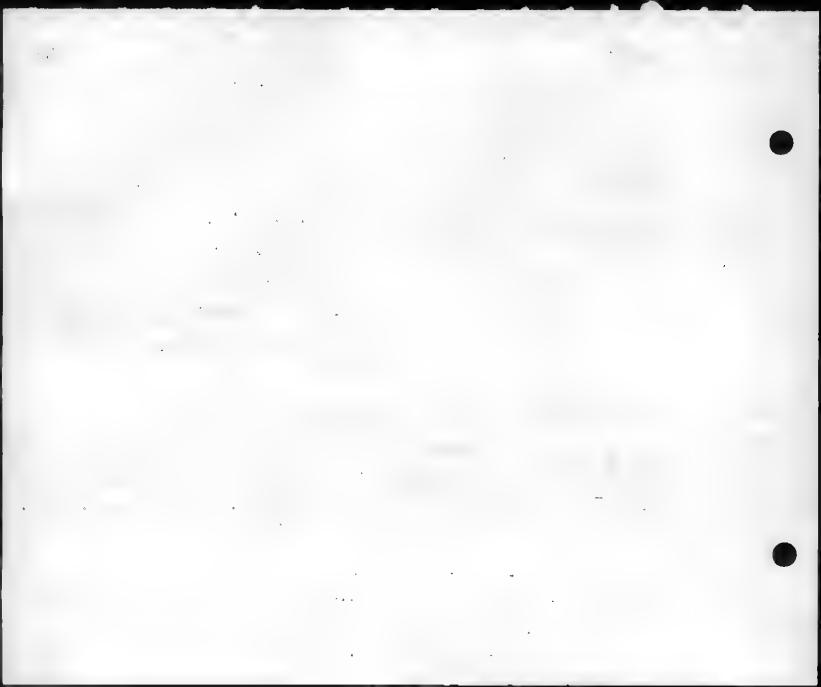


O DEPUTY MEDIORY EXAMINER: This certificate should be executed within 24 hours after leath. It any delay cessary, all lease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. State Department hours after death. File pages, Tand 2 with the and in any went within 72 prov permit. I used as a berial-transit to burial, cremation, or 3 should be a agent, prior t TO FUNERAL DIRECTOR: Page of Health or its designated TO DEPUTY MEDI

VR ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0.1602 01655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_	ATOM.										P mile	UUR
1.	PLACE DF DEAT	Н			}	2. USUAL RESIDEN			ved, If institu			
		Allegany		MARYLA!	ND	M:	aryl	and	B. 0001111	Al	leg.	any
	b. CITY OR TOY	/N (If outside corporate li	nits,	C. LENGTH OF STAY IN	13b	c. CITY OR TOWN (	f outside	corporate	limits, write	RURAL a	nd give	neerest town)
	Cumber	land		32 years			Cumb	erlan	d			
	d. NAME OF HO	SPITAL OR INSTITUTION (	not in hos	pital, give street addr	(ess)	d. STREET ADDRESS	3				0.	IS RESIDENCE ON A FARM?
		trial Blvd.						Ella				s no K
3.	NAME DF DECEASED	First		Middle		Last		ATE	Month		Day	Year
	(Type or print)	Dona	ıld	Richa		Poole	p	EATH	Feb.		9	<sub>19</sub> 66
5.	SEX	6. COLOR OR RACE 7. 1	ARRIED [	NEVER MARRIED	☑   8	. DATE OF BIRTH	,	last	(In years IF to Mo	JNDER 1		Hours   Min.
	Male		IDOWED [				1934	1 31	уга.			
10a	a. USUAL OCCUPA ring most of work	TION (Give kind of work done ling life, even if retired)	30b. KiN	D OF BUSINESS OR		11. BIRTHPLACE	State or	foreign cou	ntry)	12. CIT COU	IZEN OI INTRY?	FWHAT
	Labore	r	Ca	ar Wash		Cumb				US	A	
13	. FATHER'S NAM	_				14. MOTHER'S MA						
		Graham E.	LOOT	•		Ruth E.	Car	d				
15	. WAS DECEASED	EVER IN U.S. ARMED FORCE	S?   16. SO	OCIAL SECURITY NO.		INFORMANT			Address			
	no	(11 ) as fluc men on bures of sele	ice)		Mre	. Florence	e El	liott	, Bedf	ord	Val	ley
	18. CAUSE OF	DEATH [Enter only one ca	ise per line	e for (a), (b), end (c).]							INTER	VAL DETWEEN
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Skull Fra	ctu	re: Frac	ture	of N	eck		Sud	r and death den
	8/27											
	Conditions, if	DOT 10		(Struck b	у А	uto)						
	gava risa to	Immediate (										
	causa (a), i undarlying cau	an least										
3		SIGNIFICANT CONDITIONS	ONTRIBUT	ING TO DEATH BUT NOT	RELA	ED TO THE TERMINAL	DISEASI	CONDITION	GIVEN IN PAR	(T1(a)		WAS AUTOPSY
MEDICAL CERTIFICATION		•										PERFORMED?
Ĕ	20a. EXTERNA	L CAUSE WAS	20b. DE	SCRIBE HOW INJURY	OCCU	RREO. (Enter nature	of Injury	In Part I o	Part II of It	am 18.)		
8	PRIMARY TO OF	L CAUSE WAS CONTRIBUTING [	C+	truck by a	+ A	(Podostn	l no i					
¥		INJURY Month, Dey, Year	1 20d. INJ	JURY OCCURRED   20e	, PLAC	E OF INJURY (Home,	farm, 2	Of. (City o	r town)	(Coun	ty)	(State)
90		Feb. 9 1966		Ales While	factor	y, street, office bidg., ustrial B	Btc.)			a M	rai	Alleg.
Z								ection x				in my opinion
		y that I took charge of						-			-	iti itiy opititoii
	death resul	ted from: Natural car	ises,	Accident 📆,	2810	ide 📋, Homic			termined ma	auner (		
	ACTUAL	1/2	- 10	1-0"	)	CHIEF MEDIC			_		22.	DATE SIGNED
	SIGNATURE X	Lessediet	XX	clarece	c/	_M.D. ASSISTANT M	EDITAL I	MANUED AT	 Fahmu	- 101-0		
	EXAMINER'S	Dn Bonad	iot S	kitarelic,	ıνſ	DEPUTY MED				ary 9C1	フォ umbe	rland
23:	NAME (Type)			23c. NAME OF CEM	_				N (City, town			(State) =
2.30	REMOVAL (Sp	MATION, 23b. DATE THEF	106	6 Hillcrest							-167	,
24	Burial FUNERAL DIR	Feb. 13	TAG	ADDRESS	الدر	25a. R	EC'D BY	REGISTRAR	rland,	STRAR'S		TURE
		F. Scarpel i	, Cum	berland, M	íd.	DAFEE	B 1	4 1966	Telu	arle	Je Ju	die
						DAIL		1000	11		11	4.7



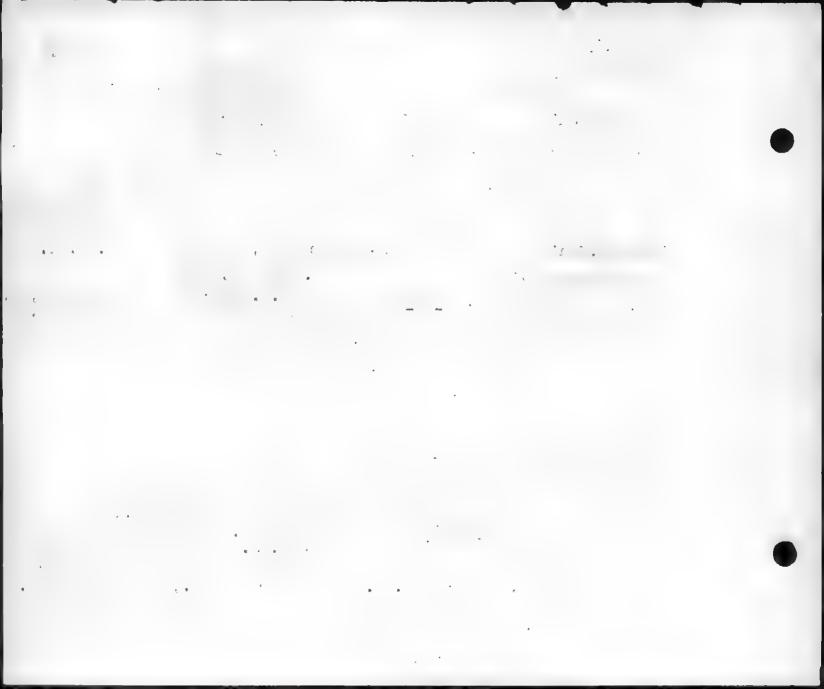
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death mertifical Page 4 may be retained by the hosp;tal or attending physician.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01656		CERTIFICATI	E OF DEATH		0.1003
1.	PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived, If Inst	litution: Residence before admission)
	a. COUNTY	Allegany	MARYLAND	a. STATE Mar	yland b. COUNT	Maria Allegany
	b. CITY OR TOWN	N (If outside corporate limits, and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	utside corporate limits, writ	te RURAL and give nearest town)
	Cumber	land	1/6/1966	From	stburg	/
		PITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		ny County Inf	irmary	RFD#2,Box	. 138	YES NO X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	
<sub>-</sub>	(Type or print)	George	100	rter	DEATH Fobrual	
		6. COLOR OR RACE 7. MARRIE	THEYER WARRIED	8/17/1879	9. AGE (In years   I	Months   Days   Hours   Min.
	ale	White WIDOWE	ED (X) DIAGROED []		OO yrs.	
dur	ing most of worki	ION (Cive kind of work done 10b. ng life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	etired:		urch Janitor	Rokhart	Maryland NAME	U.S.A.
	Willi	am Porter		_	atthews	
15 (Ye	WAS DECEASED E	VER IN U.S. ARMED FORCES? 1 (If yes give war or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT P.O.B	lox 599. Address	Cumberland, Md.
	No	2	13-09-6475	legany Cou	nty Infirma	
_		DEATH [Enter only one cause per	r line for (a), (b), and (c)	- 0 0	-	INTERVAL BETWEEN ONSET AND DEATH
	PART J. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	learnest 100	. Cha. a	les occase	2 UNSEL AND DEATH
	2-1	DUE TO		Direction .	20	,
	Conditions, If a	any, which }	receeled on	CLECCECCO	SECEPARE	7
	gave rise to cause (a), st:	Immediate (	B: 1. C	10:0		
	underlying cause		the meeter	Calapas	2	
LION	PART II. OTHER S	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION CIVEN IN P	PART 1(a) 119. WAS AUTOPSY PERFORMED?
2						YES NO
CERTIFICATION	OR CONTRIBUTION	WAS UNDERLYING 20b, NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of In	jury in Part I or Part II of	Item 18.)
정			. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)
MEOICAL	Hour a.m	11111	INOT WALLS []	y, street, office bldg., etc.	1	
		that (I) (this hospital) atten	ded the deceased from 1	/6/1966, 19		669, that (1) (we) last
		eased alive on $2/23/$	196619, and that	death occurred at		ind on the date stated above.
	22a. SICNATUR	11 m 000 - of	at	6:10 A. MA	D. STAFF	22b. DATE SIGNED
	22c. PHYSICIAN	WITCH LEL	M.D.	PHYS. X DIR	RECTOR X PHYS. X	2/24/1966
	NAME (Ty	1	news, M. D.	49 Gree	ne St., Cum	berland, Md
23 <i>a</i>	BURIAL, CREMA	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	DR CREMATORY	23d. LOCATION (City, tow	wn or county) (State)
	burial	Feb. 27. 196		tery		Maryland
24.	FUNERAL DIREC	TOR	ADDRESS		BY REGISTRAR 25b. REC	GISTRAR'S SICNATURE
10	Ku J. St	afer 230 Ball	to Ave. Cumberl	and Marie B 2	28 1966 2 4	carles Judge

VR A15 (4) 20M 1/65



	-	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAI	LTIMORE 1, MARYLAND
Ω	1657	CERTIFICATE OF DEATH	0160
	ACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased liv	ed, If institution: Residence before

_	DE SER		GERTIFIC	AH	E OF DEATE	1		- 11.	1504
1.	PLACE OF DEAT	Н			2. USUAL RESIDEN	CE (Where dece	ased lived, If institu	ution: Resident	ce before admission)
	a. COUNTY	Allegan	y MARYL	AND	B. STATE ME	arylan	d b. COUNTY	Alle	gany
_	b. CITY OR TOW write RURAL	/N (if outside corporate lim and give nearest town)	nits, c. LENGTH OF STAY I		c. CITY OR TOWN (II	outside corpo	orate ilmits, write	RURAL and g	(Ive nearest town)
	Cumbe:	rland	12/27/196		Cumber			01	/
			not in hospital, give street add	iress)	d. STREET ADDRESS				o. IS RESIDENCE ON A FARM?
-		any County			<u>''</u>	ng Ave			YES NO 🔀
3.	NAME OF DECEASED	First H <b>e len</b>	Middle		Last	4. DATE	Month	Day	
5.	(Type or print) SEX		Farthenia		Reed d	DEATH	Fe brual	LINDER 1 YEAR	19 66 RIIFUNDER 24 HRS.
1	Female		IDOWED OIVORGED		11/1/1889	76	Jast birthday) Mi	onths Days	
10	a. USUAL OCCUPAT	TION (Give kind of work done	10b. KIND OF BUSINESS OR	had t	11. BIRTHPLACE (C	ounty & State, o	r foreign country)	12. CITIZEN	OF WHAT
	Housewi.	ing life, even if retired)	INDUSTRY		Cumberla	and. Ma	arvland	COUNTR	
13	. FATHER'S NAM	IE			14. MOTHER'S MAII		,		200
		Henry Sny			Emma	Kirt!	ley		
		EVER IN U.S. ARMED FORCES (If yes give war or dates of service)			INFORMANT B.O.				
-	No_		None		llegany Co	ounty.	Infirmar		
		EATH LENTER ONLY ONE CAU	ise per line for (a), (b), and (c):	2 . 184	P. D.	10	*		SET AND DEATH
	2.60	IMMEDIATE CAUSE (a)	myrences	100	an augu	inne	12		
	Conditions, If	DOF 10	& Certinio SE	le	raxes,	Juca	ras)		
	gave rise to	Immediate (	32200	a,	1.0001	<i>q</i>			
	cause (a), s underlying caus	tating the	3) Victory	n	ecceue	4			
107	PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE CONDI	TION GIVEN IN PA	RT 1(a)   19.	. WAS AUTOPSY PERFORMED?
FICA									ES NO
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING   ING   CAUSE OF DEATH   TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCU	RREO. (Enter nature o	f injury in Pari	t i or Part II of II	(em 18.)	
MEDICAL		INJURY Month, Day, Year		e. PLA	CE OF INJURY (Home, fary, street, office bldg., e	arm, 20f. (C	Ity or town)	(County)	(State)
MED	Hour a.r		While Not While at work	Tactor	y, sueet, diffee blug., e				
	21. I certif	y that (1) (this hospital)	attended the deceased fro					, ,	hat (I) (we) last
		ceased alive on 2/5/	/66 19, an		death occurred at	M, fron			
	22a. SIGNATU	MODELLO	1/2 //	a	ATTENDING -	MED.		2/7/19	1GNED
	22c. PHYSICIA		100	M.0	PHYS. 2	OIRECTOR K	PHYS. X	~/ // ~/	
1	NAME (T	ree B. M	lathews, M. D	•	49 Gre	ene St	., Gumb	erland	d, Md.
23	a. BURIAL, CREW REMOVAL (Spe	MATION 23b. DATE THERE					ATION (CITY, town		(State)
	Burial	Feb. 8, 1	966 Davis Mem	ori			r Cumberl		Md
24	I. FUNERAL DIRE	~ (	ADORESS	-		n o .	RAR 25b. REGI		NATURE
	John J	May 230	Baltimore Ave.,	Cur		ן כם	998 gar	imples	Judi
		0			Md		V	U	/

1/65 VR A15 20M

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

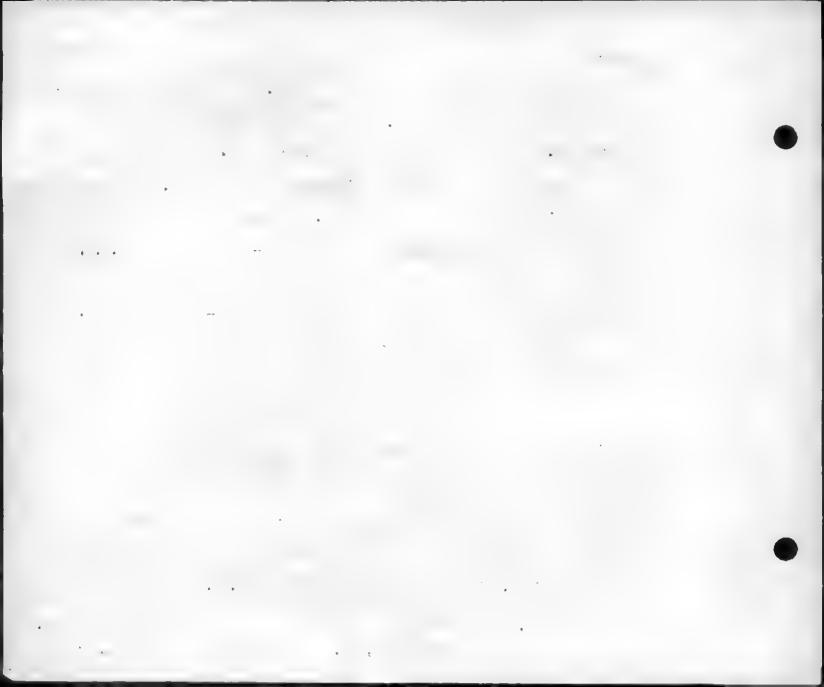
01658	3		CERTIF	ICATE	OF DEATH			016	105
	11egany		MARYI	LAND	2. USUAL RESIDENCE (1 o. STATE Md.	Where deceo	sed lived, if instituti b. COUN		,
b CITY OR TOWN Write RURAL a	(If outside corporate limit nd give nearest town)	5,	63 Yrs.	ŧ lb	c CITY OR TOWN (If ou Western		ote limits, write RUR		
	ITAL OR INSTITUTION (If no lan Rd.	nt in hospital, g	ive street oddress)		d. STREET ADDRESS  Riordan	Rd.			e IS RESIDENCE ON A FARM? YES NO 🛣
3 NAME OF DECEASED (Type or print)	Doris	rst	Middle Adeline	Rig	lost g <b>leman</b>	4 DATE OF DEATH	Mont	16	y Yeor 19 <b>66</b>
S SEX Female	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		an. 26, 190		lost pirthdoy) Yrs	Months Doys	Hours Min.
10a. USUAL OCCUPATION House W	ON (Give kind of work done of the even if retired)	10b KIN	ND OF BUSINESS OR DUSTRY		Allegany-	Maryl		12 CITIZEN O COUNTRY U.S.A.	7
13 FATHER'S NAME					14. MOTHERS MAIDEN  Sarah La		gh		
IS WAS DECEASED EV (Yes, no, or unknown)	(If yes give wor or dates o	16. S of service)	OCIAL SECURITY NO		formant .onzo Riggl	eman .	Addre Westernp		
	fe couse (o), (	(o) TO (b)	grisieulas prisieulas prinasy	fir f	Coellation De	N Slece	<i>e</i>	z-⊖t	TERVAL BETWEEN USET AND DEATH  LICENSIA
200 ACCIDENT W OR CONTR BUT N	SIGNIFICANT CONDITIONS C AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	111/15			E TERMINAL DISEASE (OI			19	WAS A JTOPSY PERFORMED? VES NO
20c TIME OF IN Hour of	JURY Month, Doy, Yeor	While	Mot While		OF INJURY (Home, form y, street, office bldg., etc.)		(City or town)	(County)	(Stote)
21. I cert saw the 220 SIGNATUR 22c. PHYSICIAN	21. I certify that (I) (this haspital) ottended the deceased fram the deceased of the deceased								
230. BUR AL, CREMAT REMOVAL (Specif	10N, 23b. DATE TH (Y) 2/19-1		23c. NAME OF CEME	TERY OR CR	EMATORY		CATION (City or Tox		y) (Stote) Md.
24 FUNERAL DIRECT			esternport	, Md.	250 REC'I	D BY REGISTI	RAR 2Sb. RE	GISTRAR'S SIGNATU	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and I'm any event, within 72 hours after death.

TO HOSPITAL OR ATTENTING PILYMELAN: The law requires that the death certificate be emecated within 211 hours ofter dwoth.

Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66



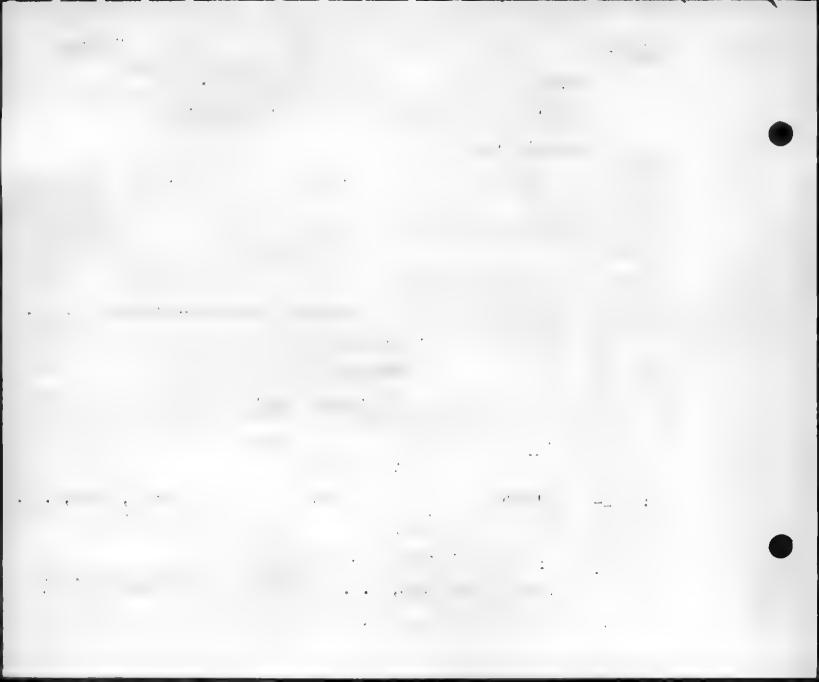
FOR STATE HEALTH DEPT O DEPUTY MED. EXAMILER: This certificate should be executed with 24 hours aller death. If any liels bessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED

VR ALSME (5)

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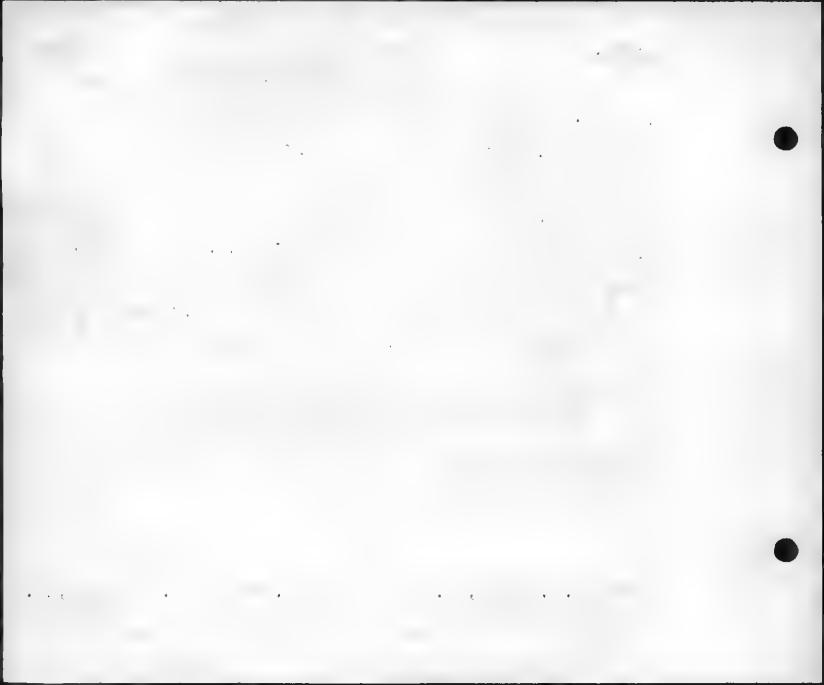
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF CEO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

L.	l		131111111111111111111111111111111111111	77766 mi		1000
X	1.	PLACE OF DEATH			E (Where deceased lived, If institution: Re	esidence before admission)
٦		Allegany	MARYLANO	a. STATE We	est Va. b. COUNTY G:	rant 🗸
1		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumberland	21 days		etersburg	,
ŀ		d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET AOORESS	7001 D D R 1 B	6. IS RESIDENCE
,				e. SINCEL MOUNESS		ON A FARM?
1		Memorial Hospi				YES NO
1	3.	NAME DF First DECEASED	Middle	Last	4. DATE Month	Day Year
		(Type or print) MARY	RI	GGLEMAN	DEATH February	9 19 66
1	5,	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIEO 🔠	B. OATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	
1		F White WIDOWEO	O IVORCEO (	Wy-5-1894	4- 9/ yrs. Months	Oeys Hours Min.
r	108	. USUAL OCCUPATION (Give kind of workdone   10b. King most of working life, even if retired)	IND OF BUSINESS OR	JA. BIRTHPLACE (S	tata or foraign country)   12. C1	TIZEN OF WHAT
1	dur	ing most or working life, even if fetired)	NDUSTRY	I than I was		OUNTRY?
ŀ	13.	FATHER'S NAME		14. MOTHER'S MAID		
1		9/2 - 10	0	0- / //	- 1. 7/	
	15	wasin simm	J-NA	magdelle	ene slay	
	(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMAN	Address	
		no_		Memorial 1	HospitalCumber	land, Md.
	Ī	18. CAUSE OF DEATH [Enter only one cause per I				INTERVAL BETWEEN
1		PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (6)	Gangrene	of Bowell	l	ONSET AND DEATH
		11/ 0/				
ı	-1	Conditions, If eny, which	Mesente	ric Thromb	nosis	4 days
	-	gave rise to immediate				
1		cause (e), stating the DUE TO	Antoni	osclerosis		~~~~
1	-	underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE				119. WAS AUTOPSY
1	CERTIFICATION	PARTIT. OTHER SIGNIFICANT CONDITIONS CONTRIBE	/ / I /	TED TO THE TERMINAL D	DISEASE COMDITION GIVEN IN PART 1(8)	PERFORMED?
3	Z Z	tracture of let 1	Thip			YES NO ALA
П		208. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part 1 or Part 11 of Item 18.	)
- [		CAUSE OF DEATH.	Fell at	home		
-1	풇	20c. TIME OF INJURY Month, Day, Year   20d. I	NJURY OCCURRED   20e, PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town) (Cou	nty) (State)
1	WEDICAL.	9:30 nm Jan 199 69 at world	NOT WILLS	ry, street, office bldg., et Home	Petersburg. G.	rant.W.Va.
1	2	21. I certify that I took charge of the rem			Inspection X, Inquiry X,	and in my opinion
1				cide . Homicie		
-1		death resulted from: Material causes	, Accident K, Sai	CIGE ( ) HORRICAL		
-		ACTUAL 100 and 4	X6-1-0'	/	DICAL EXAMINER	22. DATE SIGNED
,	- 1	SIGNATURE	Jarella			
		EXAMINER'S BENEDICT SKI	TARELIC, M.D		AL EXAMINER X Februar;	
F	23a	BURIAL, CREMATION, 23b. DATE THEREOF	1 23c. NAME OF CEMETERY		i 23d, LOGATION (City, town or cou	
		REMOVAL (Specify)		e Cemeter	- Rig W- Va	, , , , , , , , , , , , , , , , , , , ,
1	28	FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAR   25b. REGISTRAR	S SIGNATURE
)	47.	17	1 0 0 -	0 4	- 1-1 Mil. 1	es Judge
P.		Busin lught - C	unphertend.	DATE	3 2 1 1956 Juane	10



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2 21	VI)			FICATE OF DEATH 01607
requires that the death certificate be executed within 24 hours after death. I shysician. I signed by the attending physician one composely filled in by the funeral burial-transit permit. Then please shows corbon papers. Pages I and 2 burial, cremation, or removal, and includy event, within 72 haurs after death.			PLACE OF DEATH  COUNTY ALLEGANY MARYL	2 USUAL RESIDENCE (Where deceased lived, functivation Residence before admission) o. STATE MARYLAND b. COUNTY GARRETT
ors after yours after the land			b CITY OR TOWN (If outside corporate limits,  CUMBERLAND recrest town)  CUMBERLAND  CUMBERLAND	IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  GRANTSVILLE
1 24 ho lled in 1 papers. in 72 ho	FR		d NAME OF HOSP.TAL OR INSTITUTION (If not in hospital give street address)  SACRED HEART HOSPITAL	d. STREET ADDRESS  RT. 2 BOX 100  e .S RES,DENCE ON A FARM? YES \ NO
cuted within ompletely fi ove corbon event, with			NAME OF FIRST Middle DECEASED (Type or print) FRANK E	RODEHEAVER 4 DATE 0F 0F DEATH 2 Month 16 Doy Yeo 66
execute excomp prove of		М	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED	9-30-1900 65 birthdoy) Months Doys Hours Min.
cidity on		R/ dur	I USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  OUTPUT INDUSTRY	GARRETT MD.  11. BIRTHPLACE (Country & Stote, or foreign country)  GARRETT MD.
eoth certificol anding physic nt. Then ple or removol, a			ALLEN RODEHEAVER	MARGUERITE BITTINGER
atending permit. The			WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 16 SOCIAL SECURITY NO. NO.	SELF RT. 2 GRANTSVILLE
that the danger.  by the atternant pern			PART I DEATH (Enter only one couse per line for (a), (b), and (c))  IMMEDIATE CAUSE (b)	MYELOGENOUS LEUKEMIN ONSET AND DEATH
physicial physicial signed b buriol-tru buriol, cr			Conditions, if ony, which gove ) rise to immediate cause (a),	3 msn
low nding beer s the ior to			stating the underlying cause   DUE TO   last. (c)	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS A TOPSY
rsician: The ospital or other certificate has hed for use or it. of Health pr	0	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED? YES NO
the hospitol the hospitol this certifical detached for			OR CONTRIBUTING COLORS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED (Enter nature of injury in Part I or Part II of Item 18)
by the host frer this ce be detache Stote Dept.		MEDICAL	Hour a.m.  p.m.  19 While the atwork to atwork to the atwh	2De PLACE OF INJURY (Home, form, foctory, street, office bidg , etc.)  2Df (City or fown) (County) (State)
R: A				fram D 19 66, ta 2-16 , 19 66 that (I) (we) last and that death accurred at 5 AM, fram causes and an the date stated above.
IAL OR ATION OF PROPERTY PROPERTY SHOPE 3 SHOPE ETITED WITH	4		22c SIGNATURE WCS - 22c PHYSICIAN'S	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. D 2/12/66
fr. fr. ab		220	NAME(Type) W. C. Spiggle, MD.	126 N. Smallwood St., Cumberland, Md.  ETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
TO HOSPI Page 4 m TO FUNER director, should b	,)	B	DEMOVAL (Charlie)	or Cenetery Eittinger, Garr tt, I.d.  250 RECID BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	.5		Hon & Newman, Thanksielle	MA DATE EB 22 1003 121 - when Judge



THE HOSPITAL OF ATTEMBRIC PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. rage 4 may be retained by the nospiral or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01667	CERTIFICAT	7077		1608
A. PLACE OF DEATH	Trem 4 film up/4	2. USUAL RESIDENC	E (Where deceased lives, If institution:	Residence before admission)
ALLEGANY	MARYLAND	a. STATE RYL	AND B. COUNTY ALLEG	ANY
b. CITY OR TOWN (if outsi- write RURAL and give r	de corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAI	L and give nearest town)
CUMBERL AND	2 13/14	FROSTBU	RG	
d. NAME OF HOSPITAL OR	INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
MEMORIAL HO	SPITAL	260 E MA	IN ST.	YES ND
3. NAME DF	First Middle	Last	4. DATE Month	Day Year
DECEASED (Type or print) MR	R. JOHN A RUGE		DEATH FEB 2	3/ 4, 19 66
5. SEX 6. COLOR	OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years IFUNDE)	R 1 YEAR HE UNDER 24 HRS.
M WHI	TE WIDDWED DIVORCED	11/5/97	68 yrs.	Days Hours Will.
1Da. USUAL OCCUPATION (Give k during most of working life, ev	(Ind of work done   10b. KIND OF BUSINESS DR		C	ITIZEN DF WHAT
RETIRED MINER	COAL MINES	ECKHART,	MD. U.	S.A
13. FATHER'S NAME		14. MDTHER'S MAID		
ROBERT J.	RUGE -	FRANCES	SCHREIBER	_
15. WAS DECEASED EVER IN U.S (Yes, no, or unkown)   (If yes give		INFORMANT	Address	
NO NO		EMORIAL HO	SPITAL CUMBERLA	ND. MD.
18. CAUSE DF DEATH [En	nter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS	CAUSED BY: ATE CAUSE (a) Coma intracrani	al Messur	0:	ONGE AND BEILI
1601	DUE TO DO DO	V,		
Conditions, If any, which	1) 10 multiple brain	a albier		
gave rise to Immediat cause (a), stating th	OUC TO		1 00	
underlying cause last.	(c) portland willastasi	C Carcinomo	- motto car cauty	
PARTII. OTHER SICNIFICAN  20a. ACCIDENT WAS UNDI OR CONTRIBUTING   CAL (IF EITHER, NOTIFY MEDI	NT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDÎTION CÎVEN ÎN PART 1(3)	) 19. WAS AUTOPSY PERFORMED?
ICA.				YES NO
20a. ACCIDENT WAS UNDI	ERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of	injury in Part I or Part II of Item 1	B.)
	1			
20c. TIME OF INJURY M Hour a.m. p.m.	facto	ACE OF INJURY (Home, fa ory, street, office bldg., e	rm, 20f. (City or town) (Go	ounty) (State)
P.M.	19 While Not While at work			
21. I certify that (I)	(this hospital) attended the deceased from	, 19		, that (I) (we) last
saw the deceased al	ive on 19 and tha	t death occurred at 1	O. 31,074 the causes and on	
22a. SIGNATURE	0	ATTENDING -		DATE SIGNED
Milita	M. Vally	D. PHYS. [ ] [	DIRECTOR PHYS.	3. 28, 1966
22c. PAYSIGIAN'S NAME (Type)		22d, ADDRESS	ACTUAL AT ALL	-
_ IDRVV.			CENTRE ST. CUMB	
REMOVAL (Specify)	36. DATE THEREOF 23c. NAME OF CEMETER		23d. LOCATION (City, town or co	
BURIAL FI	EB. 28 166   ST. MICHAEL		FROSTBURG, MD	R'S SIGNATURE
		MAR	3 1966 Actions	en Judge.
JUDEPH R. DUR	ST. SR., FROSTBURG, MD.	///Pitka	0 1000 //	1



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) ALLEGANY a. COUNTY LEGANY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours LONACONING. MD. CUMBERLAND DAYS ,5 e. IS RESIDENCE d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? JACKSON ST. MEMORIAL HOSPITALAL NO Letely arbon DATE Month 3. NAME DE Middle Last 4. DECEASED 19 66 CLINTON В. RUSSELL FEB. event, 6 (Type or print) DEATH 6. COLOR OR RACE 17. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH and Co. NEVER MARRIED last birthday) | Months | Days any 189 MALE MIDOWED lease re 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) d by the attending physician transit permit. Then please recemation, or removal, and in COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WILLIAM RUSSELL JANET HERON 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unkown) (If yes give war or dates of service) War MEMORIAL HOSPITAL 216-05-2956 INTERVAL BETWEEN s been signed by the s the burial-transit rior to burial, cremati 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a Conditions, If any, which gave rise to immediate DUE TO (a), stating underlying cause last. has as Dri WAS AUTOPSY PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept. of Health o for use Health p PERFORMED? CERTIFICATI NO T 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) After to ld be de e State Hour a.m. While at work Not While at work 21. I certify that (1) (this hospita)) attended the deceased from 12/27 \_, that (I) (we) last the DIRECTOR: Jage 3 should lied with the retain M. from the causes and on the date stated above. saw the deceased alive on 19 66, and that death occurred at 22a. SIGNATURE page Corrus M.D. DIRECTOR FUNERAL ADDRESS 500 22d. PHYSICIAN'S director, p (State) LOCATION (City, town or county) 23a. BURIAL, CREMATION.I 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2 Lonaconing, Burial Cemete 'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Lonaconing.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

MINSTORN:

HOTFITAL

hours after death.

within



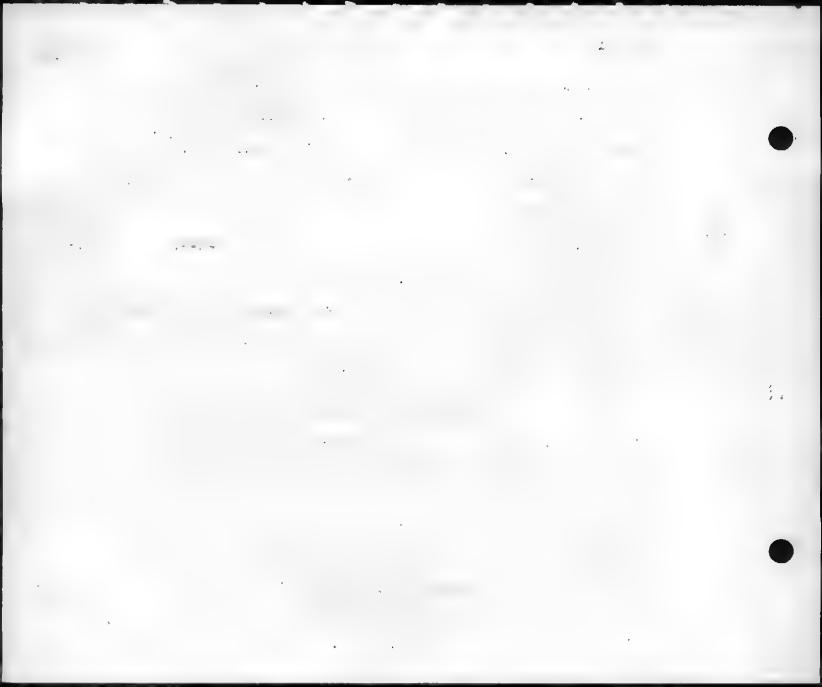
TO DESTITAL OR EFFENDING ENVIOLED. The law requires that the death mertificate be exacuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

•	D
funeral death.	018 1. PLACE a. CDUI
filled in by the sapers. Pages 1 n 72 hours after	b. CITY CUME d. NAW SAC
ompletely e carbon p event, withi	3. NAME ( DECEAS (Type o
attending physician and crimit. Then please Appovin, or removal, and in any e	FEMAI 10a. USUAL during most HOU 13. FATHE Da 15. WAS DE (Yes, No, or
may be retained by the hospital or attending physician.  ***********************************	TR. Conditions of the control of the
Page 4 n TO FUNERA director, should be	23a. BURI. Buri

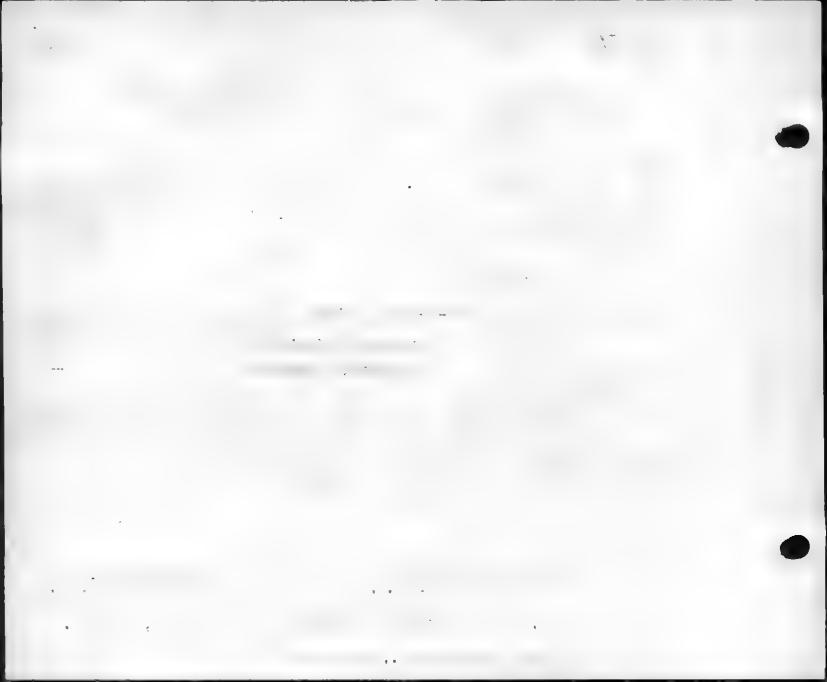
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

1		01909			GE	KIIFICA	A I E	UF DEATH	1					(1)
1	1.	PLACE OF DEATH	1				Ţ	2. USUAL RESIDENCE	CE (Where I	deceased live	d, If instit	ution: Re	sidence	before admission)
A		a. CDUNTY	.EGANY					a. STATE MD.		- 1	COUNTY	ALI	LEGA	NY
				- M14-		MARYLANI								
		_ write_RURAL	N (if outside corporat and give nearest town IND	e ilmits, n)		H DF STAY IN	Ib	c. CITY DR TOWN (If		orporate IIn	nits, write	RURAL	and give	nearest town)
ı					2DA			CUMBERLAN	D				1	,
		d. NAME DF HD	SPITAL OR INSTITUTIO	N (if not in h	ospital, giv	e street addre	SS)	d. STREET ADDRESS					θ.	IS RESIDENCE ON A FARM?
4			HEART HOSP					407 CUMBE	RLAND	ST.			YE	product product
1	3.	NAME OF DECEASED	Fir	st	1	Middle		Last	4. DAT	E	Month		Day	Year
1		(Type or print)	ANNA		Μ.		SA	LYARDS	DEA.	TH	2-6-	1966		19
ı	5.	SEX	6. CDLOR OR RACE	7. MARRIED	☐ NEVER	MARRIED	1   8	. DATE OF BIRTH		9. AGE (in	years IF	UNDER 1	YEAR	FUNDER 24 HRS.
		FEMALE	WHITE	WIDDWED		DIVORCED	i	1-29-1889		77	thday) M	onths	Days	Hours Min.
1	10a	USUAL OCCUPAT	ION (Give kind of work o ing life, even if retired	one 10b. K	IND OF BU	SINESS OR		11. BIRTHPLACE (Co	ounty & Sta	te, or foreign	country)		TIZEN D	F WHAT
	uuri			Ow	NDUSTRY In Hon	ne		Wincheste	r.V.	de la constante		CD	UNTRY?	
	13.	Housewi FATHER'S NAM						14. MOTHER'S MAID					0.0	
		_			/	- \								
		David			(DE			Mettie	Kirby					
			EVER IN U.S. ARMED FD (If yes give war or dates of		SOCIAL SEC	CURITY NO. 1	17.	INFORMANT			Address			
		no					- 1	CHART &DAUG	HTER		SAM	E ADI	DRES	S
	1	18. CAUSE OF	DEATH [Enter only one	cause per l	ine for (a),	(b), and (c), 1								VAL BETWEEN
			ATH WAS CAUSED BY:	/			do	or Han	Luni					T AND DEATH
		100	IMMEDIATE CAUSE	(-)									3/fw	any.
		1221		ro ,7 1	7	. 1 7	-	Cardro		0	Tim	101	a. 3	
1		Conditions, If gave rise to		(b) CC 2	urun	at wan	we	Cardro 1	ケンシャ	1 J. W.	1112			17113
		cause (2), si		TO										U
		underlying caus		(c)										
	<u>8</u>	PART II. OTHER S	IGNIFICANT CONDITIO	NS CONTRIBU	JTING TO DE	ATH BUT NOT F	RÉLAT	TED TO THE TERMINAL D	ISEASE CO	NDITION GI	VEN IN PA	RT 1(a)		WAS AUTOPSY
	CERTIFICATION	Bonse	ratinal	Canal	0 = 20.0	Tori	2	Linkel	7 22	2311	1. true	)	YES	PERFORMED?
. h	E	20a ACCIDENT	WAS LINDERLYING IT	1.20h				RRED. (Enter nature of						110
	E	DR CONTRIBUTE	NG ( CAUSE OF DEAT	H	DEJORIDE I	1011 11130111 0	GVUI	MEN. (Litter materie of	magary in	1 416 1 41 1	pit (i oi j	COIN ACT		
	ICA	20c. TIME OF I	NJURY Month, Day, 1		NJURY OCC	- Fe	PLAC	E DF INJURY (Home, fa y, street, office bldg., e	rm, 20f.	(City or t	own)	(Сош	ity)	(State)
	MEDICAL	n.o. a.n		While at worl		ILLIE — I		), a (( o o ) + o o o o o o o o o						
								4 1-1- 1	9 66 1	61.	1 1-	19 6	6 tha	t fl) (we) last
1		caw the de	pased alive no	1	19	6 6 and	that	death occurred at	M	rom the c	alicae an	d on th	a data	stated ahove.
		22a. SIGNATU	RE				litat	acatii accaiica ar	311,	TOIL (IIC O		22b. DA		
1		:/,	mes &	17				ATTENDING PHYS.	MED.	STAF	F [	7 /	- 1	46
I		22c. PHYSICIA		200	3320	<i>M</i> 0	M.D.	1 22d. ADDRESS	DIKEGIOR	L PHIS	-		/	
	i	NAME (T)		Step	maier	M.D.		122 S. C	entre	St.,	Cum	berl	and	,Md.
		7110111 07711		A bank-fir by wife-figures			C Pake							
	238.	. BURIAL GREM REMDVAL (Spe Surlal						OR CREMATORY		LOCATION (			nty)	(State)
				, 196b	Suns	set Mem	or	ial Park		berla				
	24.	FUNERAL DIRE	ctor F. Scarpe	314 (	ADI	DRESS	Ma		D BY REC		5b. REG			
		vames	T. Dogr. be	r tut 9	AMIN C.	Tallu,	LIG	· FEB	1 4	1986	1.14	arle	1 Ju	oge

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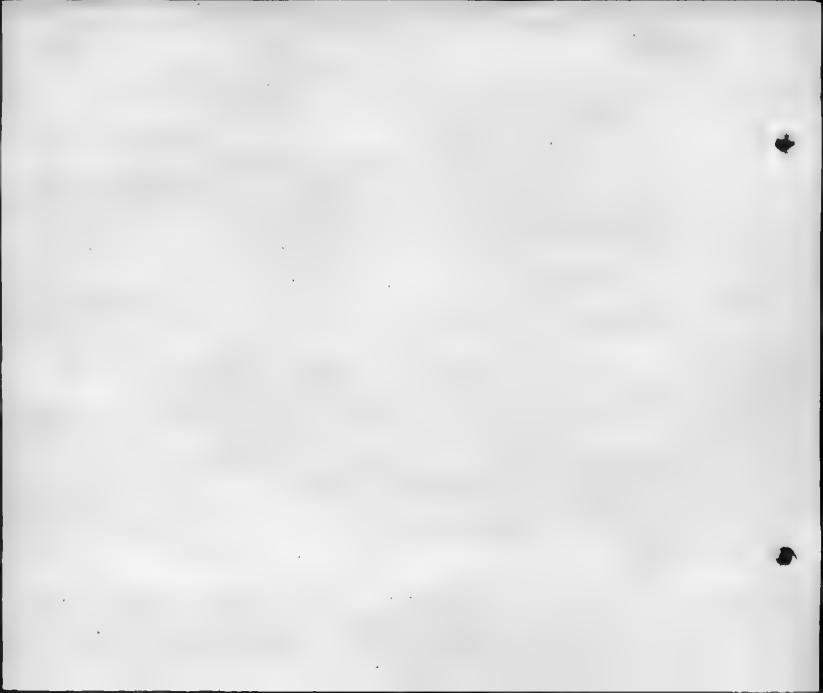


1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	01664 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11
HEALTH DEPT.	PLACE OF DEATH a. COUNTY  Allegany  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a. STATE b. COUNTY  MARYLAND  Maryland  Allegany	e admission)
sary, neral y be ment eath,	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  Maryland  Allegany  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	arest town)
delay facessary and 3 to the funeral Page 5 may be State Department hours after death.	Little Orleans Years Little Orleans  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS	RESIDENCE
age age ins	YES T	A FARM?
PM3. PM3. PM3. PM3. PM3. PM3. PM3. PM3.	NAME OF First Middle Last 4. DATE Month Day DECEASED (Type or print) William P. Shipley DEATH February 8	Year 1966
th. If ar ges 1, 2 form P within within	(Type or print) William P. Shipley   DEATH February 8  SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER	IDER 24 HRS
er death. If sive Pages 1, with form 1 and 2 with event within	Male White WIDOWED DIVORCED April 16, 1875 90 yrs. USUAL OCCUPATION (GIVE kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W	
L > 2	Farmer Self Employed Maryland U.S.A.	
hours afte lem 18. Gi ice along le pages 1 nd in any o	FATHER'S NAME 14. MOTRER'S MAIDEN NAME	
24 ho n Iter Office File	Samuel Shipley  WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITYNO. 17. INFORMANT  5, no, or unknown) {(If yes give war or dates of service)}  Address	
i within 2 pencil in miner'il 0 permit. F	No 220-46-2827 Olney Whitfield Little Orleans, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Md BETWEEN
tred v in p Exam isit po or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Sud	den den
"he executed "peding" in if Medical Examila Ex	Conditions, If any, which by (b) Coronary Sclerosis -	
uld be d "pe ef Me a buri	gave rise to immediate cause (a), stating the DUE TO	
ficate show the word of the Chie used as a to burial,	Underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAR	S AUTOPSY FORMED?
ificate to the to the to the	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part ii of Item 18.)	NO T
This certificate should be executed within 24 hours, writing the word "bending" in pencil in Item 1 rwarded to the Chief Medical Examiner's Office a should be used as a burial-transit permit. File parent, prior to burial, cremation, or removal, and in	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
KAMINER. This certificate, writing uid be forwarded to s. S. Page 3 should be gnated agent, prior f	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4 work   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e.	(State)
EXAMINER: certificate tould be fo les. R: Page 3 signated ag		my opinion
the ce the ce 4 shoul in files. ccTOR: destgn	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER	
MEDISA xecute t Page 4 for your it DIREC or its d	SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER To February 8. 196	6
	EXAMINER'S NAME (Type)  EENEDICT SKITARELIC, M.D. Address (Street, city, town, or coun Cumberland, Md	
TO DEPUT please e director. retained to FUNER of Healtl	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  BURIAL (Specifiy)  Feb. 10. 1966 Fairview Christian Cemetery Artemas. Penna.	(State)
	FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATUR	₹E
VR A15ME 350D 4-64	loku J. Hafer 230 Baltimore Ave., Cumberland DATE B 1 1 1966 Judge	-



,	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND () 1612
the funerally should as the	PLACE OF DEATH  a. COUNTY  ALLEGANY  MARYLAND  2. USUAL RESIDENCE (Where daccessed lived, if institution: Residence before admission)  b. COUNTY  ALLEGANY  MARYLAND  ALLEGANY
ed in by ges 1 and after dea	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest lown) FROSTBURG  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) FROSTBURG  d. STREET ADDRESS  o. LENGTH OF STAY IN 1b  FROSTBURG  o. IS RESIDENCE ON A FARM?
oletely fill apers. Pa	131 Washington Street  3. NAME OF DECEASED  131 Washington Street  131 Washington Street  130 Washington Street  140 Washington Street  150 Washington Street  1
and comport, within	(Type of print)  MABEL VIRGINIA SIGLER  5. SEX  6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH  FEMALE  WHITE WIDOWED DIVORCED OCTOBER 26 1915 50 yrs.  DEATH FEBRUARY 10 19 66  19. AGE (In years   FUNDER 14 ARS.)  Months Days Hours Min.
Aysivan Aysivan any en	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. A  14. CITIZEN OF WHAT COUNTRY?  15. A  16. KIND OF BUSINESS OR INDUSTRY  17. CITIZEN OF WHAT COUNTRY?  18. BIRTHPLACE (County & State, or foreign country)  19. CITIZEN OF WHAT COUNTRY?
tending person per please	13. FATHER'S NAME  JANES GATES  14. MOTHER'S MAIDEN NAME  JANES GATES  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address FROSTBURG. MD.
es that the cian.  by the all remote remova	NO NONE AR. EVAN SIGLER, 131 WASHINGTON ST INTERVAL BETWEEN ONSET AND DEATH WAS CAUSED BY.
The law requir attending physinas been signed burial-transit perial, cremation, o	Conditions, if any, which geve rise to immediate couse [a], stelling the underlying cause last.  [b] The Cause last.  [c] The conditions of the condition of th
HYSICIAN: The hospital or The hospital or The contificate of The continue of the continue of the The continue of the c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH  20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18 )
ined by He after the detached is of sealth	If EITHER, NOTIFY MEDICAL EXAMINER    20c. TIME OF INJURY   Month, Dey, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   (County)
RECTOR	21. I certify that (i) (this hospital) attended the deceased from July 20, 1969, to
Sign 4 mass 28 A mass 28 AL DI page 3 sl	ATTENDING MED.  STAFF PHYS.  DIRECTOR PHYS.  22d. ADDRESS  22d. ADDRESS
O HOSPIT death. Pag O FUNER director, pa be filed will	THOMAS F. LEWIS, M.D. 500 GREENE ST. CUMBERLAND. 236. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, town or county)  BURIAL (Specify)  BURIAL (Specify)  FEB. 13. 1966 SUNSET M. MORIAL PARK CUMBERLAND MD.
VR A15 [4]	24 FUNERAL DIRECTOR'S SIGNATURE FROSTBURG, MD.   250 REGISTRAR 250. REGISTRAR'S SIGNATURE DATE EB 16 1966 Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

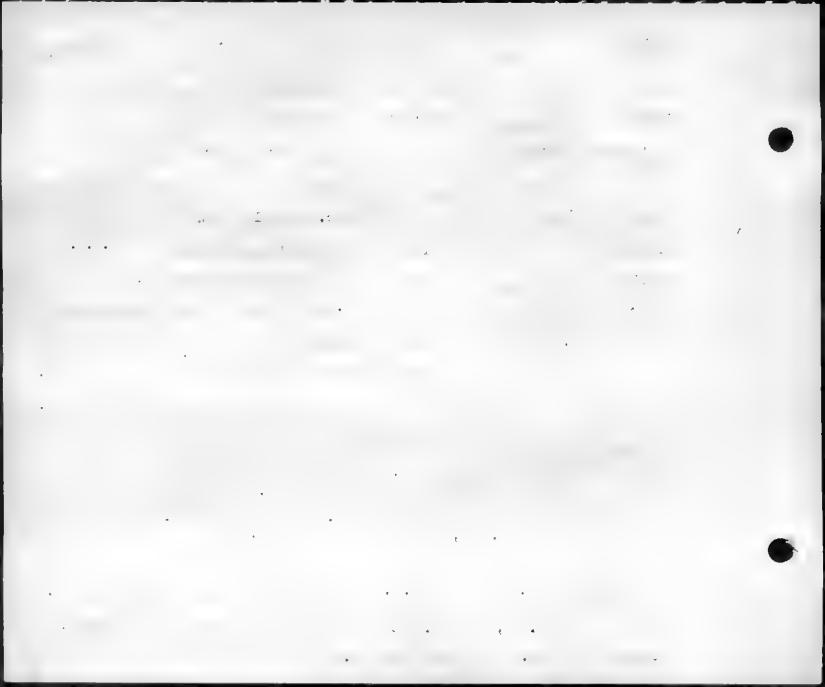


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 april should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peatre. TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuires time time deats mertificate the executed mithin Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

nours after death.

DIVISION OF STATISTICAL	MARYLAND STATE DE			r 4 MARYI AND
01666	CERTIFICAT			01010
1. PLACE OF DEATH a, COUNTY			CE (Where deceased lived, If Institu	
Allegany	MARYLAND	a. STATE Maryland	b. COUNTY	gany
b. CITY DR TOWN (if outside corporate ilm write RURAL and give nearest town)	its, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	outside corporate limits, write	RURAL and give nearest town)
Cumberland	64 Years	Cumberlan	d	1 1
d. NAME OF HOSPITAL OR INSTITUTION (If	not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
3 Evergreen Terrace		3 Evergre	en Terrace	YES NO S
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Thomas  5. SEX   6. COLOR OR RACE   7 as	y E	Simon	DEATH Februar	UNDER 1 YEAR IF UNDER 24 HRS.
7, 140		8. DATE OF BIRTH	9. AGE (In years IF last birthday)	onths Days Hours Min.
Wale White Wi	DOWED DIVORCED	Dec. 29 190	ounty & State, of foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY	IL BIRTHFLAGE (C	nutricy of States, or rotering country,	COUNTRY?
Painter 13. FATHER'S NAME	B&O Railroad	Cumber   An	Maryland DEN NAME	U.S.A.
William Simon 15. WAS DECEASED EYER INU.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.   17.	INFORMANT	Norton Address	
(Yes, no, or unkown) (If yes give war or dates of service	(E)	Hellen Simo		//0
18. GAUSE OF DEATH (Enter only one caus		uerreu 21mg	on 3 evergre	en Terrace
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	* * * * * * * * * * * * * * * * * * * *	usion		ONSET AND DEATH
	OOLOHALY OOCI	LUSTOIL		2 443
Conditions, if any, which (b)	Arteriosclero	tic Heart	Disease	4 vrs.
gave rise to immediate (cause (a), stating the DUE TO				
underlying cause last. (c)	Diabetes mell	itus		3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTDPSY PERFORMED?
generalize	d arteriosclero	sis		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO.  Generalize  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f injury in Part I or Part II of I	tem 18.)
	110110			
20c. TIME OF INJURY Month, Day, Year Hour s.m. p.m. NON6 19	20d. INJURY OCCURRED   20e. PLA While - Not While - factor	CE OF INJURY (Home, f ry, street, office bldg., c	arm, 20f. (City or town)	(County) (State)
	at work at work			
21. I certify that (I) (this hospital)				
saw the deceased alive Dn. Reb.	20, 19,66, and that	t death occurred a	20M, From the causes ar	nd on the date stated above. 22b. DATE SIGNED
22a. STENATURE	ina ma	ATTENDING TO	MED. STAFF	2-22-66
ZZC. PHYSICIAN'S	W.I	D. PHYS. LE	DIRECTOR PHYS.	n-nn-00
Miller (Tuna)	llinan L.D.	140 Bed	Pord St. Cumbe	rlandd.
23a. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify)			23d. LOCATION (City, tow	
Burial Fab. 23.	1966 SS. Peter & 1	Paul.	Cumbanland	Maryland
24. FUNERAL DIRECTOR	1966 SS Peter &	25a. RE	Cumber and	ISTRAR'S SIGNATURE
Louis Stein Inc.	Cumberland Md	DATE	B 24 1956 400	cores Judge



CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporete simits. LENGTH OF STAY IN 16 write RURAL and give nearest lown) FROSTBURG d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) HOSPITAL 3. NAME OF First Midd # 4. DATE DECEASED OF DEATH (Type or print) MARY ELLEN SMITH 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 5. SEX 8. DATE OF BIRTH last buthday) WIDOWED | DIVORCED REMAIR 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY BIRTHP, ACE (County & State or foreign country) done during most of working life, even if ratired) HOUSEWITE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARAH MC GRADY PETER MC 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) MR. JAMES the DUE TO Conditions, if eny, which geva rise to Immediate course DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item IS ) 20e. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. [City or town) factory, street, office bldg., etc.) Not While Hour e.m. et work et work DIRECTOR: 1944. 10 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 22e. SIGNATURE ATTENDING DIRECTOR PHYS PHYS. death. Page 4
TO FUNERAL.
director, page 3
be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) EM. FROST BURG ADDRESS. VR A15 (4)

15M 7-62

ARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) R.F.D.I. Box 33. . IS RESIDENCE ON A FARM? YES NO X Month Yeer 1966 FEBRUARY 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH San 19. WAS ALTOPSY PERFORMED? NO X (County) and that death occurred a stated above. SIGNED (Stete) 23d. LOCATION (City, lown or county) 256, REGISTRAR'S SIGNATURE

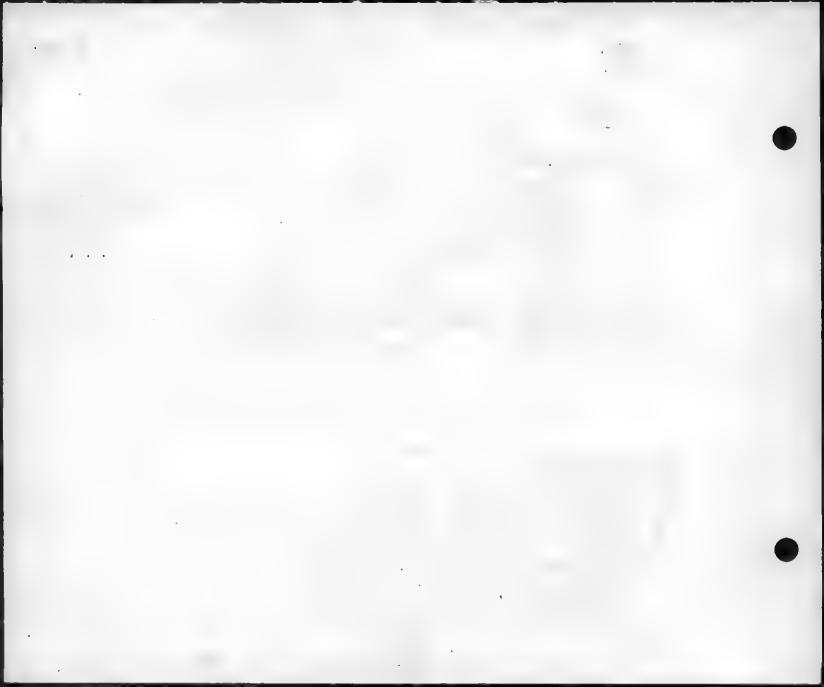


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

01615

o COUNTY Allegay Maryland  2 USUAL 0. STAT	L RESIDENCE (Where deceased lived, if institution Residence before admission)  E. Many-land b. COUNTY
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Longoning  2 Years	R TOWN (If outside corporate limits, write RURAL and give nearest town)  Barton
	ADDRESS   e IS RESIDENCE ON A FARM?
Tyle Bursin, Kons	YES NO X
NAME OF First Middle Lo: DECEASED (Type or print) Benjamin Franklin Snrder	ost 4 DATE Month Day Year OF DEATH February 7. 19
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF NOTICE DIVORCED April	last buthday   Months   Days   Hours   Min
dupper most of working life, even if returned) INDLISTOY	HPLACE (County & State, or foreign country)  12 CITIZEN OF WHAT COUNTRY? U
Martin Snyder	Charlotte Green
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 15 SOCIAL SECURITY NO 17. INFORMANT 17. INFORMANT 19.	
18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY  HAMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse (b)  DUE TO  (c)	C V Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL  200 ACC DENT WAS UNDERLYING  OR CONTRIBUTING CLOSUS OF DEATH OF SITHER NOTIFY MEDICAL EXAMINED.	PERFORMED? YES \( \text{NO} \( \text{NO} \)
	e or injuly in role to the it of item to )
20c TIME OF INJURY Month, Day, Year Hour a.m. 19 While at work at wark at work	ffice bldg , etc )
	occurred at Z A M, fram causes and an the date stated abave
220 SIGNATURE AND ATTEND  M.D. ATTEND  PHYS  220 PHYSICIAN S	DING MED STAFF 22b. DATE SIGNED  ADDRESS  ADDRESS
22t. PHYSICIANS NAME(Type) Leslie Rl Miles	Lonaconing Karyland
230 BURIAL, CREMATION, REMOVAL (Specify)  236 DATE THEREOF  230. NAME OF CEMETERY OR CREMATORY  Levarel 1:10 oct	
24 TUNERAL DIRECTOR ADDRESS Westernport ma	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE _B 1 1 1966 Clearles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after deginal. FIRE MENDITAL OR ATTEMBING ENYSHILAM: The law requires that the death certificate be executed with 24 hours after Meath Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

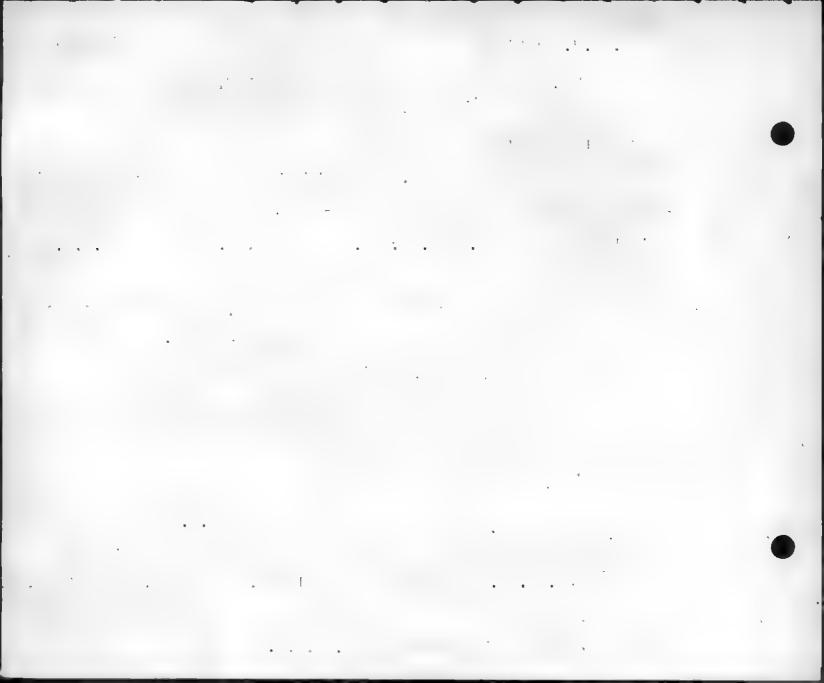


and completely filled in by the funeral move carbon papers. Pages 1 and 2, any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTUR. After this certificate has been algued by the attending physician director, mage 3 muould me detacled for use as the barrial-transit mermit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and we have the content of the

(	MARYLAND STATE DE	PARTMENT OF HEALTH 6, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH () 1 6 1 6
1.	PLACE OF DEATH a. CDUNTY  ALLEGANY  MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  2 DAYS	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE  WEST VIRGINIA MORGAN  c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)  PAW PAW  d. STREET ADDRESS
3.	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)  MEMORIAL HOSPITAL  NAME OF First Middle  DECEASED DAYMOND	ON A FARM? YES ND Last 4. DATE Month Day Year
M	(Type or print)  SEX  G. COLOR OR RACE  WHITE WIDOWED DIVORCED	SNYDER DEATH FEBRUARY 9 19 66  8. DATE OF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
dur	RETIRED  FATHER'S NAME  AUSUAL OCCUPATION (Give kind of work done industry)  OR BUSINESS OR INDUSTRY  B. & O. R. RCO.	OKONOKA W VA U S A
15 (Ye	ar ma an embaum) (/ If not also was as dates of tornita)	LAURA MALCOLM  INFORMANT  EMORIAL HOSPITAL-CUMBERLAND, MD.
	18. CAUSE DF BEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)	Three by and Distract
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  URRED. (Enter nature of injury in Part   or Part    of Item 18.)
MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2DC. TIME OF INJURY MONTH, Day, Year   2Dd. INJURY OCCURRED   2De. PLA	ACE OF INJURY (Home, farm, 20). (City or town) (County) (State) ory, street, office bidg., etc.)

21. I certify that (I) (this hospital) attended the deceased from causes and on the date stated above. deceased alive or MED. DIRECTOR ATTENDING PHYS. STAFF PHYS. M.D. ADDRESS PHYSICIAN'S NAME (Type) 22d. WILLIAMS 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL. 24. FUNERAL DIRECTOR LOCATION (City, town or (State) CEMETERY OR CREMATORY Levels, Wes 966 Cemetery Level S 25b. ADDRESS REC'D BY REGISTRAR 25a. Home Berkeley Spgs. Funeral

VR A15 (4) 2DM 1/65



VR A15 (4) 15M 4-64

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01670

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
AT T TOO A BOD?	ARYLAND ALLEGANY
b. CITY OR TOWN (if outside corporate limits.     c. LENGTH OF	
write RURAL and give nearest town) FROSTBURG	ED COMPTIDO
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	
	ON A FARM?
MINERS HOSPITAL	197 EAST MAIN STREET YES NO X
3. NAME OF FIRST Middle DECEASED	OF
(Type or print) HUGHEY QUEN	TIN SPIKER DEATH FEBRUARY 26 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MAR	RRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
MALE WHITE WIDOWED DIVO	PROCED MAY 8. 1900 65 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINES	S OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired)  BARBER OWN BUSIN	ESS ALLEGANY COUNTY U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH SPIKER	VIRGINIA MOORE
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURIT (Yes, no, or unkown) (If yes give war or dates of service)	Thou bold, ho.
NO   213-09-65	42 MRS. QUENTIN SPIKER, 197 EAST MAIN ST.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), a	nd (c).] INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Aprilo 16	provary Oceansen & Wasser Onset and DEATH
+ 2 0 / PUIS TO	de la lace
Conditions if any which I	Mil Selection
gave rise to immediate	was confinition
cause (a), stating the DUE TO	
underlying cause last. (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	PERFORMED?
[5]	NONE YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE CONTRIBUTING TO DEATH BE CONTRIBUTING TO DEATH BE CONTRIBUTING TO DEATH BE CONTRIBUTING TO CAUSE OF DEATH CONTRIBUTING TO CAUSE OF DEATH CONTRIBUTING TO CAUSE OF DEATH CONTRIBUTING TO DEACH BE CONTRIBUTING TO DEATH CONTRIBU	INJURY OCCURRED. (Enter neture of Injury In Pert I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRE	
Hour a.m.  p.m.  19  20c. Time Of INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work at work	factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the decease	
	and that death occurred at & I'M, from the causes and on the date stated above.
228. SIGNATURE	ATTENDING MED. STAFF
Markiell a dist Ein ho	M.D. PHYS. DIRECTOR PHYS. 1 2/28/66
22c. PHYSICIAN'S NAME (Type)	ZZd. ADDRESS
MARTIN M. ROTHSTEI	N.M.D. 48 BROADWAY, FROSTBURG, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME C	OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME CONTROL (Specify) BURIAL MARCH 1.1966 FROST	BURG MEM . PARK   FROSTBURG MARYLAND
24 FUNERAL DIRECTOR CO. ADDRESS	S   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
HARRE PUNERAL HOME GO FROM	G. MARYLAND MAR 7 1966 Milianten Juage
HAFER FUNERAL HOME 60 WEST N	G. MARYLAND MAD 7 1000 Planta Juan



	F DEATH		016	518
2.	USUAL RESIDENCE (Where d	eceased lived, If institution:	Residence	before admis

Month

FEB

						<u> </u>
PLACE OF DEATH		2. USUAL RESIDEN	CE (Where	deceased li	ved, If institution: Re	sidence before admission)
ALLEGANY		a. WEST V	LIDCI	ALL A	b. COUNTY	** V V
ALLEGANT	MARYLAND	MEDI A	/   KG	NIA	MINER	AL
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (I	f outside	corporate l	Imits, write RURAL	and give nearest town)
write RURAL and give nearest town)	2 DAYS	KEYSER		77		.5
CUMBERL AND	- 0/1/0	INCIDEN	` W.	Va.		
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	3			e. IS RESIDENCE
						ON A FARM?

Last

THRASHER

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL HOSPITAL

First

GEORGE

PLEDMONT

DATE

DEATH

DF

Year 166 **24 HRS** 

ND X

Min.

S. SEX	6. CDLOR OR RACE	7. MARRIED NE	VER MARRIED	8. DATE DE	BIRTH	9.	ACE (In years			
MALE	WHITE	WIDOWED	DIVDRCED [	JAN.	18,	1966	last birthday) yrs.	Months   D	ays	Hours
	TION (Cive kind of work ing life, even If retire			11, BIRT	HPLACE (	County & State,	or foreign country)	12. CIT	IZEN O	F WHAT

13. FATHER'S NAME

NAME OF

CERTIFICATION

MEDICAL

DECEASED

(Type or print)

GENE THRASHER ANNA MARIE

MOTHER'S MAIDEN NAME

KOMATZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service)

Middle

RODNEY

none no

none

MEMORIAL HOSPITAL

INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Cenditions, If any, which

gave rise to immediate DUE TD cause (a), stating the underlying cause fast. (c)

PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)

WAS AUTOPSY PERFORMED? ND [ YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)

20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year

saw the deceased alive on

20d. INJURY OCCURRED While Not While

2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(State) (County)

Hour a.m. p.m. at work at work 21. I certify that (!) (this hospital) attended the deceased from

þ and that death occurred a

that (I) (we) last M. from the causes and on the date stated above.

(State)

PHYSICIAN BRODEL ATTENDING PHYS MED. DIRECTOR ADDRESS 22d.

STAFF PHYS 500 GREENE CUMBERLAN D. MD.

LOCATION (City, town or county)

23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) Burial

Eckhart ADDRESS

Md . Eckhart, REC'D BY RECISTRAR 25a.

25b. REGISTRAR'S SICNATURE

22b. DATE SIGNED

24. FUNERAL DIRECTOR

22a, SICNATURE

Scarnelli.

Cumberland, Md.

VR A15 (4) 20M 1/65



24 Hours after death.

executed mithin

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
Allegany Maryland	Maryland Allegany
b. CITY DR TDWN (If outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Frostburg 44 years	Frostburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE
	ON A FARM?
163 East Main Street	163 East Main Street   YESL   NO K
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Frank	Via DEATH Feb. 15 19 66
	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
Male White WIDOWED DIVORCED	June 14, 1877 88 yrs.   Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done   10b, KIND DF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Retired Grocery-Produce Self Employed	14. MOTHER'S MAIDEN NAME
	14. MUTHER'S MAIDEN NAME
Antonio Via	Rachel Sicoli
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service).	INFORMANT Address
no	lph & Albert Via, Frostburg, Md.
18. CAUSE DF DEATH [Enter only one cause per tine for (a), (b), and (c).]	1 INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET-AND DEATH
IMMEDIATE CAUSE (a)	ag protect
/ / DUE TO	
Conditions, if any, which (b)	
gave rise to immediate ( cause (a), stating the DUE TO	
underlying cause last. (c)	
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) 19. WAS AUTOPSY
TA TANK	PERFORMED? YES NO XI
20a ACCIDENT WAS LINDERLYING CO. L. 20b. DESCRIBE HOW INLIBY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MINED. (Enter Hatalo or Injury In Fact to Folia 11 or Itom 200)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
(C)   Willie   Millie   Millie	rry, street, office bidg., etc.)
	all the sale was the sale was the sale of
21. I certify that (I) (this hospital) attended the deceased from	24 1966, to 150 15, 1966, that (1) (we) last
	t death occurred M. from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
M.C. Lane M.E	
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)Dr. W. O. McLane, M.D.	167 E. Main St., Frostburg, Md.
	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Feb. 18, 1966 St. Michael	c Cemetery Frostburg, Md.
Burial   Feb. 18, 1966   St. Michael   24, FUNERAL DIRECTOR ADDRESS	25a. 'REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
James F. Scarpelli, Cumberland, Md.	TEB 21 1956 Climber Judge
The state of the s	DATE D / 1 MSh   X

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase, emove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the duath mertificate lie Page 4 may be retained by the hospital or attending physician.



Page 4 may be retained by the nospital or attending proposition.

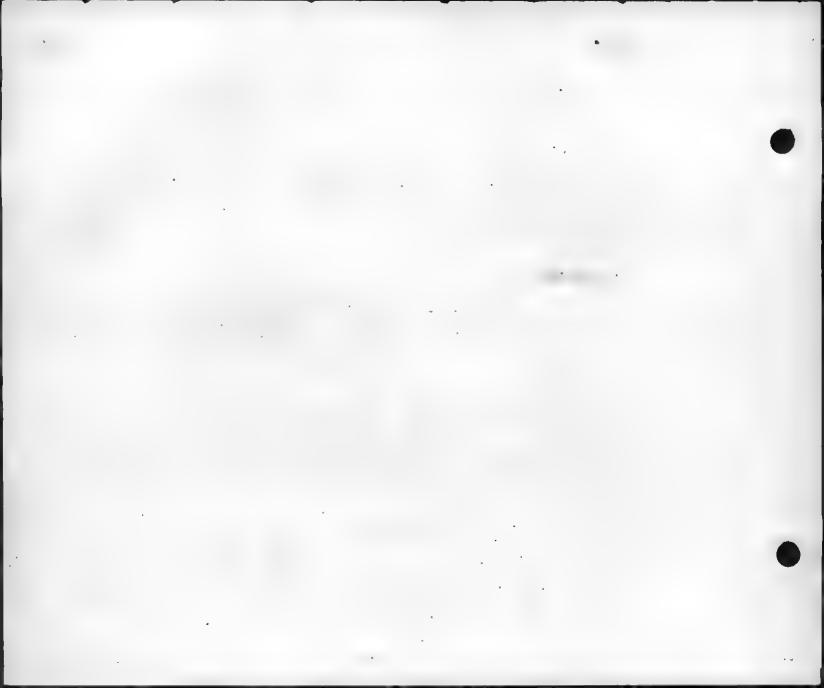
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending process. And completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then process femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF BEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
() 1 () 2 () 01673

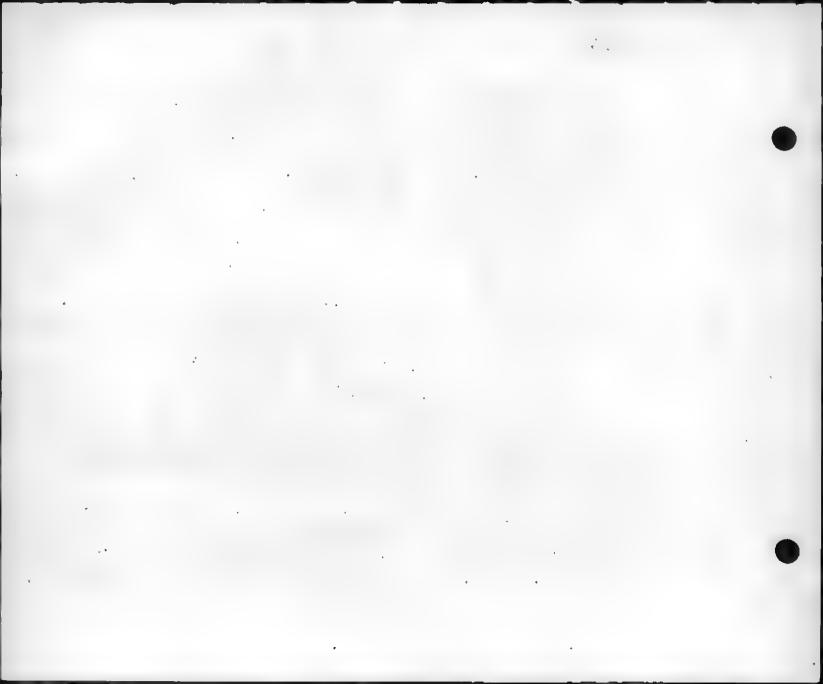
- 1															3.7
Λ	I.	PLACE DF DEAT	H				2. USUAL RESID	ENC	E (Where d				sidence	before ac	imission)
		a. 0001111	ALLEGA	TY	MARYL	AND	a, STATE	NA.	RYLAN	р.	COUNT	Y AL	LE GA	MY	
ı		b. CITY DR TOW	N (If outside corpor and give nearest to		c. LENGTH OF STAY		c. CITY OR TOWN				s, writ	e RURAL a	nd giv	e neares	t town)
1			TBURG.	own)	8 WEEKS		RT. 1		ERACT.	מווסת			01	- 1	
ı		d. NAME OF HO	SPITAL OR INSTITUT	ION (if not in he	ospital, give street ad	dress)	d. STREET ADDRE		PRODI.	BUILLE			0	. IS RES	IDENCE
1														ON A F	MRAP
	3	NAME OF	ISHLUHILIT.	First	Middle	- 1	Last	-	I 4. DATE		Month		Day	ES Yea	mirror .
1	٠.	DECEASED							DF						11
Į	5.	(Type or print)	6. COLOR DR RACE	DITH	A.	- ( 6	WALKER  DATE OF BIRTH			H FEBRI			TH		66
1				11						last birth			ays	Hours	Min.
1		EMALE	WHITE	WIDOWED		LJ S	EPT. 14th.		1886		rs.	10.017	13rm	SE GUILAT	
١	dur	ing most of work	ing life, even if retii	red) III	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE		-	e, or roreign c	ountry)	12. 011	INTRY	OF WHAT	
	- 0	HOUSE					MARY						US.	A	
	13.	FATHER'S NAM					14. MOTHER'S N	IAID	EN NAME						
			GE ADAMS				EDIT	H	GRIFF	ITH					
	15. (Ye	WAS DECEASED	EVER IN U.S. ARMED I	FDRGES?   16.	SDCIAL SECURITY ND.	17.	INFORMANT			MA	ddress	HILL			
1					-10-9346	MRS	. RAYMONE	) ]/	ONAHA				MD.		
	-	18. CAUSE OF	DEATH [Enter only	one cause per li	ne for (a), (b), and (c).	.1	1/1	ク	-11					EVAL BE	
		PART I. DI	EATH WAS CAUSED E IMMEDIATE CAUS	Y: (2)	Es Kin A	mi	2 Of CK	2	elu	177			UNSI	T AND I	LEATH
		154	V	E TO			1						34.4		
1	- 1	Cenditions, if		(b)			V								
1		gave rise to		E TO											
1		cause (a), s underlying caus	ranng me [	(c)											
J	8		The state of the s		TING TO DEATH BUT NO	TRELA	TED TO THE TERMIN	ÁL D	ISEASE CO	NDITIONGIV	EN IN PA	ART 1(a)	19,	WAS AU	
	CERTIFICATION												YES	PERFOR	NO X
	Ē	20a. ACCIDENT	WAS UNDERLYING	20b, D	ESCRIBE HOW INJURY	r occii	RRED. (Enter natur	a of	Infury In F	Part Lor Par	t II of	Item 18.)	1 1 63	·	A
	8	OR CONTRIBUTI	ING CAUSE OF DE TIFY MEDICAL EXAM	ATH	20011102 11011 1111011	. 0000	HILLER (Eller Hotal)	4 01	***************************************	014 1 01 1 01		100111 2017			
			INJURY Month, Day		JURY OCCURRED 120	n DI A	E OF INJURY (Home	0 600	201	(City or toy	un l	(Coun	day).	10	tate)
	MEDICAL	Hour a.r		While	Not While	factor	y, street, office bldg	e, tai		(GILY OF LOY	rii;	(Coun	Ly)	12	rard)
	W.	р.		at work	at work					- , /2	: 17		,		
1		21. I certif	y that (1) (this ho	spital) attende	d the deceased fro	IM L	ec/	, 19		FRE	14	., 19 <u>606</u>			
1			ceased alive on_2	er /	19 <i>/2(</i> -7, an	d that	death occurred	£X.	M, f.	rom the ca					above.
J		22a. SIGNATU	Amil 1	No man			ATTENDING %	^ 1	MED.	STAFF	_	22b. DA	TE SIG	NED	11
ł			Ulled	will	and the same of th	M.D.	PHYS.	D	IRECTOR	PHYS.		Nuc	110	17	00
	- 1	22c. PHYSICIA NAME (T	fomu	McLANE.		11	22d. ADDRESS 167		MATH	ST.,	EL O	STRHE	G.	MD	
	!							و بنار							
	23a	REMOVAL (Spi	ATION, 23b. DATE	THEREOF			OR CREMATORY		1	OCATION (C		n or cour	ty)	(St	ate)
		BURIAL	2-16-	-66	F'BG. MEL.	ORIA	L PARK			ROSTBU	/			MD	
0	24.	FUNERAL DIRE			ADDRESS				D BY REG	ISTRAR 25	D. REG	ISTRAR'S	SIGNA	ATURE	
)		JOSEPH	R. DURST,	SR.,	FROSTBURG	. M	DAFE	EB	18	1966	A. 30	= rele	2 /10	roge	*

VR A15 5 (4) 1/65



	MARYLAND STATE DEPART	MENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 \	W. PRESTON STREET, E	ALTIMORE 1, MARYLAND
01674	MARYLAND STATE DEPART RESEARCH AND RECORDS, 301 V CERTIFICATE OF	DEATH	Uiba

	OTOLA	0 = 111   102111			~ ~
1.	PLACE OF DEATH a. COUNTY		- DTATE	F GOLLNITY	utlon: Residence before admission)
	Allegany	MARYLAND	a. STATE Mar	yland b. county	Allegany
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporate limits, write	RURAL and give nearest town)
	write RURAL and give nearest town) Cumberland	40 years	Cu	mberland	01.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	721 Glenmore Street		7	21 Glenmore S	
3.	NAME OF First	Middle	Last	4. DATE Month	Day Year
	DECEASED (Type or print) Jesse	Harold	Weaver	OF DEATH Feb.	4 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8	. DATE OF BIRTH	9. AGE (In years   IF	UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED		April 14, 1	.904 61 yrs.	onths Oays Hours Min.
1Da	. USUAL DCCUPATION (Give kind of work done   10b. King most of working life, even if retired)	(IND OF BUSINESS OR	11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT
auri		Railroad	Thomas W	Va.	USA.
13.	FATHER'S NAME	.011 000	14. MOTHER'S MAIDE		
	George Weaver			Alice Gross	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY ND.   17.	INFORMANT	Address	-
(Ye	s, no, or unkown) (If yes give war or dates of service)	Mr	s. Clara We	aver, Cumberl	and, Ma.
Ī	18. CAUSE OF DEATH [Enter only one cause per I	line for (a), (b), and (c).]	*		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mete C	ozonary	Ihrombor	ONSET AND DEATH
-	DUE TO		-1 0	1	
	Cenditions, if any, which ) (b)	Kight I	James	logica	Zyrs
	gave rise to immediate	101	0		
	underlying cause last. OUE TO	Hugent	ensun		2 yu
8 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	RT1(a) 19. WAS AUTOPSY
Ę,					PERFORMED?
E	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of I	njury in Part I or Part II of i	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
됭		INJURY OCCURRED   20e. PLA	E OF INJURY (Home, far	m, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While p.m. 19 at worl	I - NOT WILLS -	y, street, office bldg., etc	-7	
2	21. I certify that (I) (this hospital) attend		) ec. / 19	65 to Feb 4	1966 that (I) (we) last
	saw the deceased alive on	3 19 Cand that			d on the date stated above.
	22a. SIGNATURE,		-4	1	22b. DATE SIGNED
	elwyl. Dr	wreth M.D	ATTENDING M	ED. STAFF PHYS.	Feb. 4, 1966
	22c. PHYSICIAN'S NAME (Type) Day (Class E	D	22d. ADDRESS		2. 7 2 343
	NAME (Type) Dr. Clay E.	Durrett, M.D.	236 Virg	iniaAve., Cum	berland, Md.
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town	
_	Burial Feb. 7, 1900	Restlawn Mem		Cumberland,	
24.	FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR   25b. REG	ISTRAR'S SIGNATURE
	James F. Scarpelli, (	Jumberland, Ma	• DATE 3	S 1993 1997	, Compage
					7 17



MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01676

## CERTIFICATE OF DEATH

01623

C 525 C					
death and and death		PLACE OF DEATH		(Where deceased lived, if institution: Residence	ce before admission)
funeral and er deat		a. COUNTY ALLEGANY MARY	AND O. STATE	aryland b. COUNTY ALI	EGANY
the furnings 1	-	b. CITY OR TOWN (If autside carparate limits,   c. LENGTH OF STAY II	41111	outside corporate limits, write RURAL and give	nearest tawn)
by the fun Pages 1		write RURAL and give nearest town) 5 Days	Cumberl	and Bowling Ereen	01-1
hair b	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
iin 24 haurs af filled in by the popers. Page fiin 72 hours a	L	Sacred Heart Hospital	12 Pop:	lar St.	YES NO X
s within arban at with	I	NAME OF First Middle DECEASED (Type or print)  Nalter Liwis	Whee <b>ler</b>	4. DATE Month OF February	9 19 66
e executed within 24 haurs after and campletely filled in by the furmove carbon papers. Pages 1 in any eyest-within 72 hours after.		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	= = == ==	9. AGE (In years IF UNDER 1   Manths   Yrs.	Days Hours Min.
ertificate be ex physician and nen please rem aval, and in an	10a đư	in USUAL OCCUPATION (Give kind of wark dane ingraps) of working life, even if retired)  MACRICIAL TO BUSINESS OR INDUSTRY  RALLTO ad		nty & State, or fareign country) 12. CIT COLUMN PORT PA US	IZEN OF WHAT UNTRY?
fical ysic ple al, a	-	FATHER'S NAME	14. MOTHER'S MAIDE	N NAME	
th certification in the number of the number		Wesley Wheeler	Annie	Taylor	
ed mit	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dotes of service)  No. 16. SOCIAL SECURITY NO. 705-10-7953	17. INFORMANT MILS.	22 and a didress	ling Greene St.
that the d an. by the att ransit per crematian,		B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	ematoris		ONSET AND DEATH
equires that the physician signed by the burial-transit burial, cremal		Conditions, if any, which gave ) (b) Caracuran	1 1	fille Pancreas	
9 6 2 9 9		rise to immediate couse (a), stating the underlying cause last.  DUE 10 C JULYAN (c)	reals to Rd	wer "	
The affect has has a different	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
IAN. Ificat far far f Hee	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter noture of injury	in Port I or Port II of item 18.)	
5 € ± € 5	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While at wark at work	20e. PLACE OF INJURY (Home, f factory, street, affice bldg., e		unty) (State)
TTENDINA ained by OR: After nauld be the State		21. I certify that (I) (this hospital) attended the deceased	from 2 -4	, 19 <u>66</u> , to <u>2 - 7</u> , 196 atM, fram couses and an ti	
OR ATTEN be retained DIRECTOR: /		120. SCHATURE	M.D. ATTENDING X	MED. STAFF 22b. DI	ATE SIGNED - 11 - 66
TO HOSPITAL OR ATTENIED Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1	PACE PHYSICIAN'S WILLIAM ROFER Welvert	22d ADDRESS	A RRISON ST CUM	herland MD
UNE 4 Pecto Sould	230		TERY OR CREMATORY	23d, LOCATION (City or Town)	(County) (State)
P P S S S S S S S S S S S S S S S S S S		REMOVAL (Specify) 2/12/66 Sunset N	enorial Park	C Cumberland, Md	
VR A15 (4)	24	4. FUNERAL DIRECTOR ADDRESS		EC'D BY REGISTRAR 2Sb. REGISTRAR'S S	
20 M 1/66		H. Wayne George Cumberland	Md. DATE	B 1 4 1966 Milarle	es Judge

	PVOLE
Commission Class Wilder Commission (Commission Commission Commissi	
if we fact of the control of the con	
	the County of
S C Search william and search	
	Mount
	ita ilmen
	q

TO HOSPITAL OF

VR A15 (4) 1SM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION	<b>QF</b>	STATISTICAL	RESEAR	CH A	4D RE	CORE	5 -	BALTIA
		CEI	RTIFI	CAT	TE (	OF I	DE/	ATH

PRINCIPLE INTER	WES OVERS	DACIMINANT	1, monte comp	
TIFICATE	OF DE	ATH		

01677	CERTIFICA	TE OF DEATH			01624
1. PLACE OF DEATH 6. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institu b. COUNT		
b. CITY OR TOWN (If autside carporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN [IF at	arest tawn)		
RURAL and give nearest lown)  Frostburg	2 months	Grantsvi	1	1-3	
d. NAME OF HOSPITAL (If not in haspital, give str		d. STREET ADDRESS		7	e. IS RESIDENCE
Miners Hospital					YES NO
3. NAME OF DECEASED (Type or print) Charles Sam	middle pson Zeller	Last	4. DATE MC OF DEATH Feb.	27,	19 66
S. SEX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthday)		IF UNDER 24 HRS.
M WIDE	OWED DIVORCED	10/1/1880	85 yrs	111011111111111111111111111111111111111	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole	or foreign country)	12, CITIZEN O	F WHAT COUNTRY?
during most of working life, even if retired) Retired Barber	Own Business	Frostbur	eg. Md.	U	SA
13. FATHER'S NAME	OWIT DURITIONS	14. MOTHER'S MAIDEN N		1	
ANANETAE Zeller		Maretta	Wankman		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		dress	
(Yes, no, or unknown) (If yes, give wer or dates of service)		obert Zeller	Clevelan	d. Ohio	
NO		ODOL O DOLLOR	, 010,010,01		CANAL REPORTED
18. CAUSE OF DEATH [Enler only one cause po	A A 1 1	7		ON	SET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	PERITONITIS .	-TERMINAL		7	2 HRS
177 X DUE TO	qu.		Co "	1	
	MEYASTATIC C	ARCINOMA-	INTESTINAL	) 4	+4RS-
gove rise to immediate DUE TO			-		
lying couse lost.	ARCINOMA O	F THE PRU.	STATE	9	YRS.
		T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(0)	19. WAS AUTOPSY
Part II. OTHER SIGNIFICANT CONDITIO	NON	IF			PERFORMED?
	DESCRIBE HOW INJURY OCCURR		Part I or Port II of item 18.)		
\$ 20c. TIME OF INJURY Month, Day, Year 20	d. INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, farm,	, 20f. (City or town)	(County	) (Stote
	hile Not white wark of or work	octory, street, office letdg., etc.	)		
21. I certify that (I) (this haspital) of					
saw the deceased alive an 2/2	71966, and that	death accurred a 16.75	M, fram the causes o	nd on the date	e stated abave
Martinell oth	eten wo	M.D. PHYS. ME	ED. STAFF		22b. DATE SIONEL
22c. PHYSICIAN'S	77	22d. ADDRESS			1
MARTIN M. ROTHSTE	in M.D.	48 BROAL	DWAY-FROS	TBURGE	MD. 215.
23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, fown	or county)	(State)
REMOVAL (Specify)			Frostburg,		
Burial   3/2/66	Frostburg				
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			SISTRAR'S SIGNATE	
1/9	(iman t car)	6 Md. 13460	1 1000 07	Admilla . II.	11 A A P

